Trauma Informed Care: Implementing the Adverse Childhood Experiences Questionnaire in Primary and Hospital Based Practices

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Disclosure

- We have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
- We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

OBJECTIVES

- Provide an Overview of ACEs Science and Trauma-Informed Care
- Highlight Implementation Process within Primary Care Setting
- Identify Perceptions and Outcomes
- Discuss Implementation within Hospital Setting

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Trauma Informed Care

Adverse Childhood Experiences

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Why Does TIC Matter?

As human beings, we face different types of stress.

Positive Stress	Tolerable Stress	Toxic Stress
is a normal part of healthy development.	is more severe but the effects can be managed.	is strong, prolonged stress and can disrupt brain development, and increase risk of disease and cognitive impairment.
		
It leads to brief increases in heart rate and mild elevation in stress hormone levels.	It can lead to serious – but temporary – stress responses when buffered by supportive relationships.	

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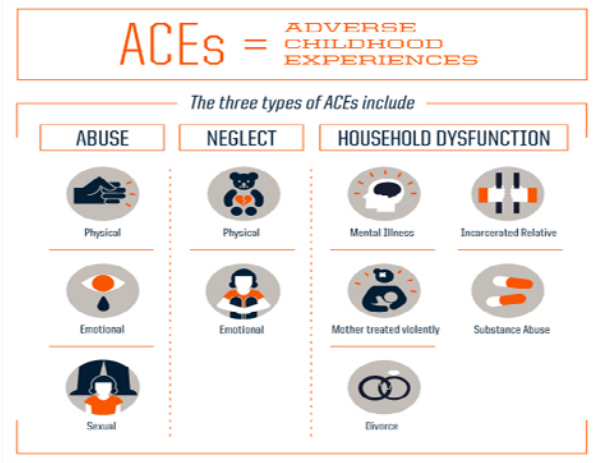
Adverse Childhood Experiences



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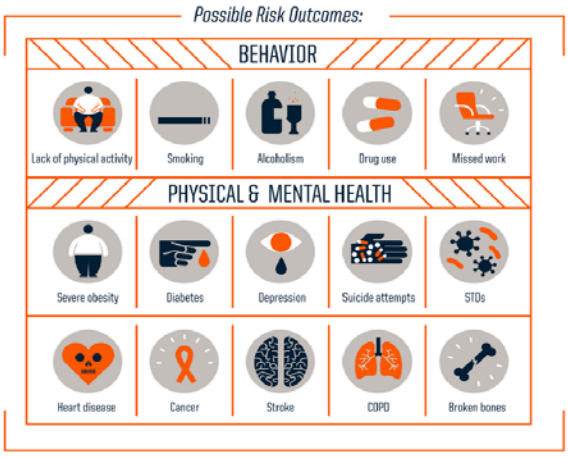
Adverse Childhood Experiences



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Thinking about the ACEs Questionnaire - How many "yes" answers did you have?

0	A
1	B
2	C
3	D
4	E
5	F
6 or more	G

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The Impact: Chronic Illness, Early Mortality

	Leading Causes of Death in U.S. (2013)	Odds Ratio Associated with ≥ 4 ACEs
1	**Heart Disease**	**2.1**
2	**Cancer**	**2.3**
3	**Chronic Lower Respiratory Diseases**	**3.0**
4	Accidents	
5	**Stroke**	**2.4**
6	**Alzheimer's**	**11.2**
7	**Diabetes**	**1.5**
8	Influenza and Pneumonia	
9	Kidney Disease	
10	**Suicide**	**30.1**

Felitti et al., 1998; Hughes et. al. 2017

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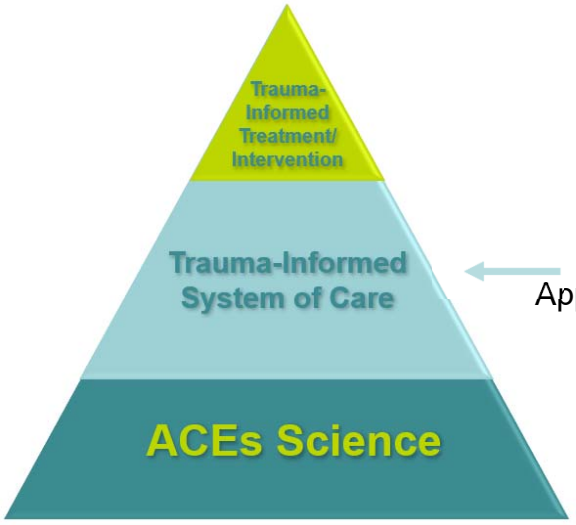
Trauma-Informed Systems of Care



Universal Precaution Approach to Care Delivery

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What it Means to be "Trauma-Informed"

Realizes	• ***Realizes*** widespread impact of trauma and understands potential paths for recovery.
Recognizes	• ***Recognizes*** signs and symptoms of trauma in clients, families, staff, and others involved with the system.
Responds	• ***Responds*** by fully integrating knowledge about trauma into policies, procedures, and practices.
Resists	• Seeks to actively ***resist*** re-traumatization.

11 SAMHSA, 2014

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The Solution: Policies & Programs Aimed at ACE Reduction

"Pediatricians are now armed with new information about the adverse effects of toxic stress on brain development, as well as a deeper understanding of the early life origins of many adult diseases…AAP is committed to leveraging science to inform the development of innovative strategies to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span."

AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT:
Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health, 2012

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Implementation of Adverse Childhood Experiences Questionnaire

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Clinical Setting

Family Medicine Residency Clinic

- Urban Setting
- 11,465 Patients
  - Underserved
  - Medicaid (50%)
  - Medicare (19%)
- Specialty Clinics
  - Pediatric
    - 1,694

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Preparation for Implementation

Collaboration

- Trauma Informed Systems of Care Consultant (TIC)
  - Assisted in Presenting ACEs/ACE-Q
- Pediatric Faculty
  - Represented the Pediatric Clinic
- Director of Behavioral Health
  - Oversaw Implementation Process with all Team Members
  - Increased BH Resources
- Clinical Manager
  - Approved Training of Clinical Staff
- Research Assistant
  - Supported IRB Approval
- IT Specialist
  - Assisted in EMR Infrastructure

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Preparation for Implementation

- Joined National Pediatric Practice Community on ACEs [NPPC]
- Adapted ACE-Q Clinical Protocol for Staff and Physicians
- Created Referral Sheet
- Completed Project Description and Exempt Research Application to IRB

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Preparation for Implementation

Education

- 54 - Residents & 24 - Core Faculty
  - 60 min
    - Didactics
    - Video-Based
    - Orientation
- 13 - Support Staff
  - 90 min
    - Presentation

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Preparation for Implementation

Expansion

- Four Behavioral Health Providers:
  - Director
  - 2 Master's Interns
  - 1 Doctoral Intern
    - Traditional Care
    - Brief Consultations

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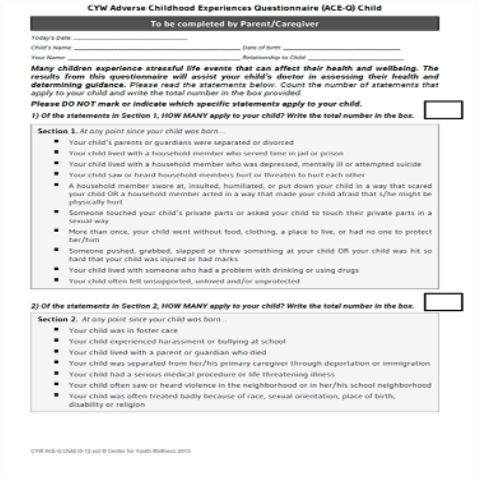
Preparation for Implementation

Go Live

- 4.16.2018
- Ages:
  - 4,11,16 = 184
- 6.1.2018
  - EMR



CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box. ☐

Section 1. *At any point since your child was born...*

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box. ☐

Section 2. *At any point since your child was born...*

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

CYW ACE-Q Child (0-12 yo) © Center for Youth Wellness 2015

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Adverse Childhood Experiences Evaluation

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Data Review

October 2018

- Screening Well Child Check-Ups
  - Ages 4, 11, 16
    - 184
      - Screened= 54 (6-Refused)
      - Score ≥ 4= 12
      - Referred= 5
      - Community Support= 4
      - Declined Referral= 3

November 2018 - July 2019

- Screening Well Child Check-Ups
  - Ages 4-18
    - 1,445
      - Screened = 142 (7-Refused)
      - Score ≥4 = 26
      - Referred = 9
      - Community Support = 7
      - Declined Referral = 3

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Staff Perspectives

Positive

- Deeper understanding of particular patients and why they exhibit certain behavior patterns

  "It's too easy sometimes to judge people by their behavior, especially when you don't know about their past."

  ~Member of the Front Desk Staff~

- Non-invasive approach to asking about certain stressors

Negative

- Screening form fatigue
- Fatigue from participating in "studies"
- Challenge to communicate value of ACE-Q to hesitant families
- Families that need intervention most may be more likely to refuse screening

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Physician Perspectives

*~ "I think the expansion will be beneficial because **by screening for ACEs we will be able to identify more children at risk for major health diseases**, and hopefully continue to work towards intervening and helping these children grow into healthy adults."*

~Matthew Traxler, MD, PGY1~

*~ "**ACE's remind me that within every person to person encounter**, whether it is in the clinical setting with a patient or at the grocery store with a stranger, **there is an opportunity to do good**."*

~Mylhan Myers, DO, PGY2~

*~ "I was excited to learn that we were expanding the **screening** (ACE-Q) to all ages in the peds clinic. I think this **will more appropriately reflect the needs that are currently disguised** in our patient population."*

~Rachel Griffith, DO, PGY3~

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Physician Perspectives

*~ "**We are all aware of the long term consequences of ACEs in childhood. Doing something about it is what this program has begun to do**. I love that it is opening us as faculty, and the residents we work with, to a greater awareness of the trauma many of our patients may have been through or are currently experiencing."*

~Maurice Duggins, MD, Faculty~

*~ "**Having the ACE-Q implementation has been eye-opening in the frequency of patients that have difficult and traumatic experiences**. While this may be disheartening, it is rather hopeful in the readily available care made available through our behavioral health team, and the early impact that can divert young patients from the road of ensuing poor health outcomes toward an avenue of resilience and empowerment.*

~Jennifer Wipperman, MD, Faculty~

*~ "Increasing resident/physician **awareness of ACEs is critical if we're going to really get to the underlying issues which impact health outcomes** in so many of our patients."*

~Philip Dooley, MD, FMR Program Director~

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Next Steps

- Analyze Data from 2019 Trauma Informed Care Climate Survey
- Adapt Resilience Specific Behavioral Health Curriculum
- Establish Population Baseline and Monitor Trends over Time
- Potentially Track Trends by Local Zip Codes to Identify High Risk Neighborhoods or Social Demographics

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Adverse Childhood Experiences Extended Uses

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Extended Uses

- Screening in Mental Health Related Presentations
  - Conversion Disorder
  - Psychosis
  - Suicide Attempts
- Screening Parents at 4 Month KBH
  - Identify Family Trends
    - Lowered Score for Each Subsequent Generation
- Recognizing Hospital-Based Trauma
  - Parents of NICU Infants
  - Families with History of Child Demise

Q & A

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