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

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October, 2019

Disclosure

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- 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

Trauma Informed Care

Adverse Childhood Experiences
Why Does TIC Matter?

As human beings, we face different types of stress.

**Positive Stress**
is a normal part of healthy development.
It leads to brief increases in heart rate and mild elevation in stress hormone levels.

**Tolerable Stress**
is more severe but the effects can be managed.
It can lead to serious – but temporary – stress responses when buffered by supportive relationships.

**Toxic Stress**
is strong, prolonged stress and can disrupt brain development, and increase risk of disease and cognitive impairment.

Adverse Childhood Experiences

**ACEs** = **ADVERSE CHILDHOOD EXPERIENCES**

The three types of ACES include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Domestic Violence
  - Substance Abuse
  - Parental Incest
Adverse Childhood Experiences

Possible Risk Outcomes:

Behavior
- Lack of physical activity
- Smoking
- Overweight
- Drug abuse
- Missed work

Physical & Mental Health
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COVID
- Broken bones

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

0
1
2
3
4
5
6 or more
### The Impact: Chronic Illness, Early Mortality

<table>
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<tbody>
<tr>
<td>1 Heart Disease</td>
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<td>2 Cancer</td>
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<td>3 Chronic Lower Respiratory Diseases</td>
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<td>5 Stroke</td>
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<td>6 Alzheimer’s</td>
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<td>7 Diabetes</td>
<td>1.5</td>
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<td>8 Influenza and Pneumonia</td>
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<tr>
<td>9 Kidney Disease</td>
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<tr>
<td>10 Suicide</td>
<td>30.1</td>
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Felitti et al., 1998; Hughes et. al. 2017

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### Trauma-Informed Systems of Care

- **ACEs Science**
- **Trauma-Informed System of Care**
- **Universal Precaution Approach to Care Delivery**
What it Means to be “Trauma-Informed”

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

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.”

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Implementation of Adverse Childhood Experiences Questionnaire

Clinical Setting

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

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
Preparation for Implementation

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

Expansion
- Four Behavioral Health Providers:
  - Director
  - 2 Master’s Interns
  - 1 Doctoral Intern
    - Traditional Care
    - Brief Consultations
Preparation for Implementation

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

Trauma Informed Care

Adverse Childhood Experiences Evaluation
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

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
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.”

~Mythan 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~

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~
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
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

Trauma Informed Care

Q & A
References


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