



**OPCA**

**Oregon Primary  
Care Association**

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Webinar recording can be found [here](#).

# Advanced Care Learning Community: Screening for Trauma in Primary Care

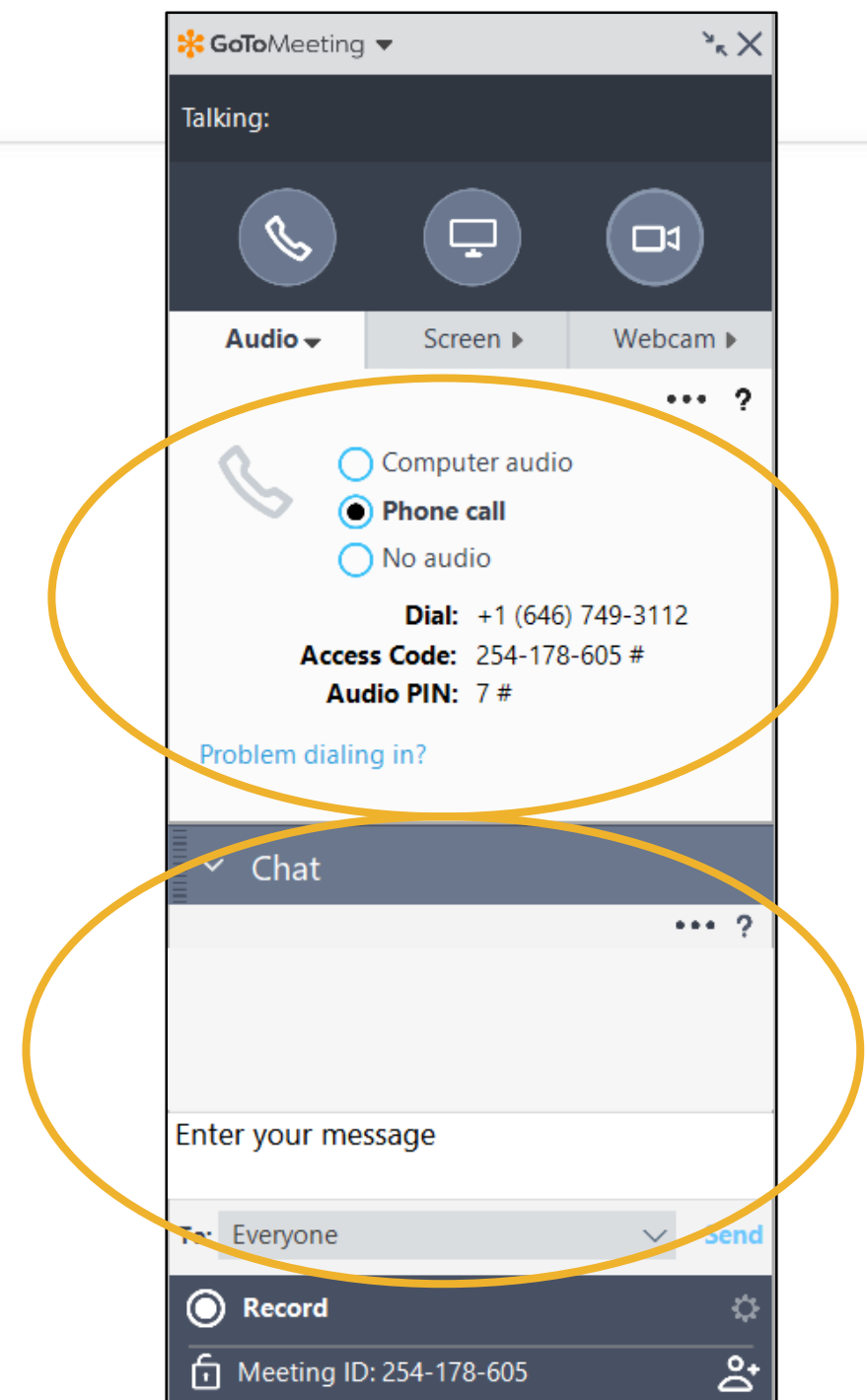
Tuesday, September 17, 2019

## HRSA Disclaimer

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# Webinar Functions

- Connect to audio via telephone **or** computer, NOT both (both will cause feedback)
- All participants are unmuted and will need to mute themselves
- Chat box
  - » If you're not available through audio, please use the chat box to participate in conversation.



# Tell us who you are!

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Please submit the following in the chat box:

- » Name(s) w/preferred pronouns
- » Organization
- » Role



Hello  
my name is

# Objectives & Agenda

1. Learn the key ingredients for successful and trauma-informed and trauma screening
2. Learn from a peer about engaging patients in trauma screening in primary care
3. Discuss with Oregon health center colleagues about their trauma screening efforts

Time	What
2:00	Welcome & Introductions
2:10	Key Considerations for Asking Patients About Trauma Exposure
2:25	Implementation Story: Engaging Patients in Conversation about Trauma using ACEs
2:45	Q&A
2:55	Evaluation & What's Next
3:00	End

Annual Theme: Trauma Informed Care (2019-2020)

## Workshop

(more peer-to-peer learning, work planning time, etc.)

## Conference

(keynote speaker, peer-to-peer learning, breakout sessions, etc.)

CHC Advisors

Webinars and Office Hours  
w/Experts

\*Formerly the APCM Learning Community, now intended for ALL health centers!

# Presenters:



**Reba Smith**  
Wellness Coach, La Clinica



**R.J Gillespie**  
General Pediatrician, The Children's Clinic



Reba Smith, M.S.  
Wellness Coach  
Technical Assistance, Trauma Informed  
Implementation



# NECESSARY CONDITIONS



- Proven workflows that require patient's trauma-related needs will be met in transparent, consistent, appropriate, and timely manner
- Consistent messaging about the reasons for screening
- Patient education about trauma *and resilience* at or near the time of the screening
- Universal precautions and experiences that reflect it throughout the organization
- Full buy-in from staff about importance and appropriateness of screening
- Agreement about how information is documented in EHR
- Agreement about how information is used by staff at each level of patient interaction

# PATIENT PERCEPTION IS KEY

We can ask people about exposure to trauma. But it's really *how* they experienced these exposures that's important.

How did these experiences effect your health?



# DEEP SYSTEMIC CHANGES

Status Quo: screen, identify, label, and provide referral and some ad hoc service to those 'identified'.



Trauma-transformed: Environment, policies, procedures, investment in staff education and up-skilling, self-awareness, accountable communication, deep teamwork, primacy of safety and relationship at least = (if not > ) to billable hours, shifting language, strategies for adherence, discussion about scope, strengths-based

# CONSIDER RESILIENCE-ORIENTED SUPPORT



Antidote to adversity

Strengths-based

Identifies opportunities for support rather than the patient

Easier to educate around

Easier to talk about

# RESILIENCE SCREENINGS

## Devereux Adult Resilience Survey (DARS)

by Mary Mockrain

Take time to reflect and complete each item on the survey below. There are no right answers. Once you have finished, reflect on your strengths and then start small and plan for one or two things that you feel are important to improve. For fun and practical ideas on how to strengthen your protective factors, use the chapters in this book. For a free copy of the DARS visit [www.cemfurreilientchildren.org](http://www.cemfurreilientchildren.org).

Items	Yes	Sometimes	Not Yet
<b>Relationships</b>			
1. I have special friends who support me.			
2. I have a mentor or someone who shows me the way.			
3. I provide support to others.			
4. I am empathetic to others.			
5. I trust my close friends.			
<b>Internal Beliefs</b>			
1. My role as a caregiver is important.			
2. I have personal strengths.			
3. I am creative.			
4. I have strong beliefs.			
5. I am hopeful about the future.			
6. I am humble.			
<b>Initiative</b>			
1. I communicate effectively with those around me.			
2. I try pretty different ways to solve a problem.			
3. I have a hobby that I engage in.			
4. I seek out new knowledge.			
5. I am open to new ideas.			
6. I laugh often.			
7. I am able to stay so.			
8. I can ask for help.			
<b>Self-Care</b>			
1. I express my emotions.			
2. I set limits for myself.			
3. I am flexible.			
4. I can calm myself down.			

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## Brief Resilience Scale (BRS)

Please respond to each item by marking <b>one box per row</b>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 2	I have a hard time making it through stressful events.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 3	It does not take me long to recover from a stressful event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 4	It is hard for me to snap back when something bad happens.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 5	I usually come through difficult times with little trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
BRS 6	I tend to take a long time to get over set-backs in my life.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3		

**Scoring:** Add the responses varying from 1-5 for all six items giving a range from 6 sum by the total number of questions answered.

**My score:** \_\_\_\_\_ item average / 6

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## OPTION 1: SECTION C

To what extent do the sentences below describe you? Circle one answer for each statement.

	Not at All	A Little	Some -what	Quite a Bit	A Lot
1. I have people I can respect in my life	1	2	3	4	5
2. I cooperate with people around me	1	2	3	4	5
3. Getting and improving qualifications or skills is important to me	1	2	3	4	5
4. I know how to behave in different social situations	1	2	3	4	5
5. My family have usually supported me through life	1	2	3	4	5
6. My family know a lot about me	1	2	3	4	5
7. If I am hungry, I can get food to eat	1	2	3	4	5
8. I try to finish what I start	1	2	3	4	5
9. Spiritual beliefs are a source of strength for me	1	2	3	4	5
10. I am proud of my ethnic background	1	2	3	4	5
11. People think that I am fun to be with	1	2	3	4	5
12. I talk to my family/partner about how I feel	1	2	3	4	5
13. I can solve problems without harming myself or others (e.g. without using drugs or being violent)	1	2	3	4	5
14. I feel supported by my friends	1	2	3	4	5
15. I know where to get help in my community	1	2	3	4	5
16. I feel I belong in my community	1	2	3	4	5
17. My family stands by me during difficult times	1	2	3	4	5

# A Word from the American Academy of Pediatrics...

- Pediatric medical homes should:
  1. strengthen their provision of anticipatory guidance to support children's emerging social-emotional-linguistic skills and to encourage the adoption of positive parenting techniques;
  2. actively screen for precipitants of toxic stress that are common in their particular practices;
  3. develop, help secure funding, and participate in innovative service-delivery adaptations that expand the ability of the medical home to support children at risk; and
  4. identify (or advocate for the development of) local resources that address those risks for toxic stress that are prevalent in their communities.



# What we need now...



# Case Study: The Children's Clinic

- 30 providers in three practice sites
- Strong interest in early childhood development / developmental promotion
- Since 2008 have implemented multiple standardized universal screening protocols
  - Developmental delay
  - Autism
  - Maternal Depression
  - Adolescent Depression
  - Adolescent Substance Abuse
- Adolescent questionnaire has always included questions about dating violence; many providers ask about bullying in their history for school aged children.





# Four Starting Questions:

- Why am I looking?
  - What am I looking for?
  - How do I find it?
  - What do I do once I've found it?
- 
- For us, we were most interested in preventing ACEs. This meant getting as far upstream as possible... and examining intergenerational transmission of trauma... with the intention of prevention.



# Stories from the literature – why parent trauma matters....

1

Correlations exist between parent ACE scores and child's ACE score... the more ACEs a parent experiences, the more ACEs the child is likely to experience.

2

Parenting styles are at least in part inherited: if a parent experienced harsh parenting, they are more likely to engage in harsh parenting styles themselves.

3

Parents have new brain growth in the first six months after their child's birth – in both the amygdala (emotional center) and frontal cortex (logical center) UNLESS they are experiencing stress, which impairs frontal cortex development.

4

Children who have experienced three or more ACEs before entering Kindergarten have lower readiness scores: literacy, language and math skills are lower – and rates of behavioral problems are higher.

# The assumption

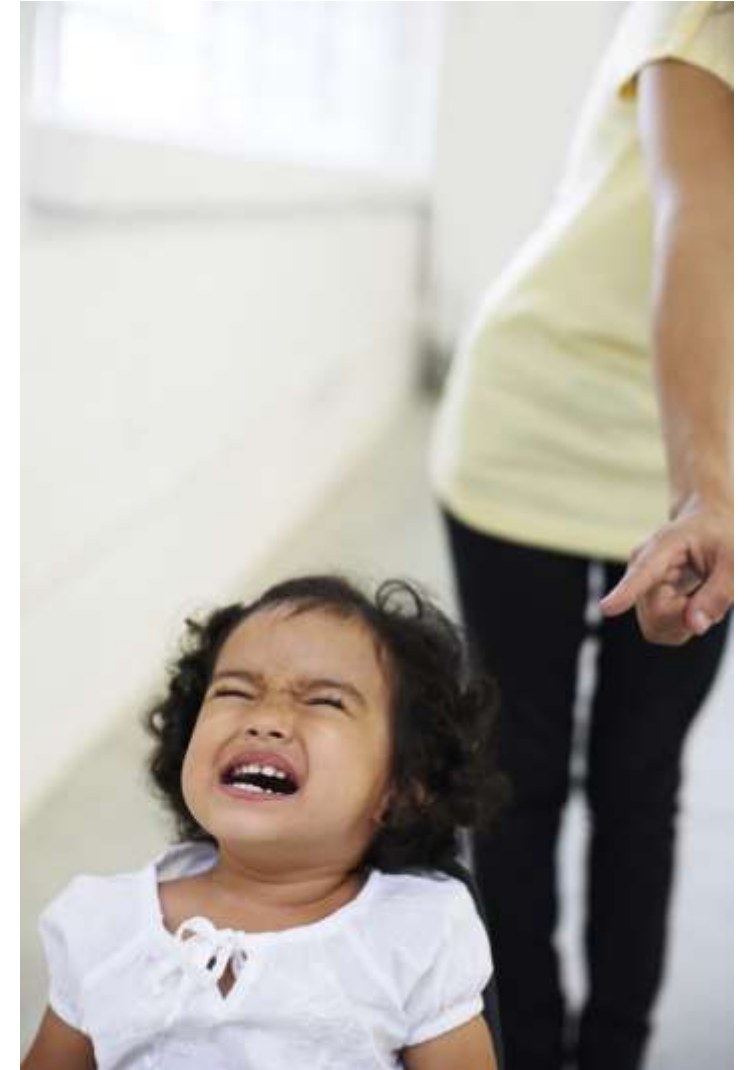
If...

- we can identify parents who are at greatest risk
- bring their trauma histories out of the closet
- agree to support them when they feel most challenged in a non-judgmental way

... we will be able to create a new cycle of healthier parenting.

# The Theory...

- Certain moments in the life of an infant or toddler will be stressful
  - Tantrums, colic, toilet training, hitting / biting, sleep problems are examples
- What happens to a parent who has experienced trauma? Will their response be:
  - Fight?
  - Flight?
  - Freeze?
  - Can it be something else?
- How can we better prepare at-risk parents for these inevitable moments?



# And thinking further...

- If a parent experienced trauma, do they have appropriate skills / ideas for:
  - Taking care of themselves?
  - Identifying when they need help?
  - Modeling appropriate conflict resolution?
  - Discipline that is developmentally appropriate?
  - Playing with their child?
- In other words, can we teach parents and children to be more resilient?



# How do I Find it? Our First Step

- Eight providers piloted screening
- At the four month visit, parents are given the ACE screener, along with a questionnaire about resilience and a list of potential resources.
  - Cover letter explaining the rationale for the screening tool, and what we plan to do with the information
- Created a confidential field in the EMR that does not print into notes, but perpetuates into visits to document results while minimizing risk to families.
- Added questions about community violence, bullying, racism / prejudice and foster care exposure.



# What do I do Once I've Found It?

- Four basic steps:
  1. Assessment of child / family safety
  2. Assets, resources and resiliencies in the family
  3. Follow up tools for assessing mental health (and development) in patients as needed
  4. Connecting with appropriate resources



# Initiating the Conversation to Help Patients Understand their own Experiences

- Thank patient / parent for opening up about their experiences, validate the importance of the conversation.
- Are there any of these experiences that still bother you now?
- Of those that no longer bother you, how did you get to the point that they don't bother you?
- How do you think these experiences affect you now?





**What we found...**

# Parents prefer limiting disclosure

Measures		Item-Level Response Group	Aggregate Response Group	p value
All <sup>a</sup>		(n=1308)	(n=975)	
≥ 4 items endorsed	n (%)	109 (8.1)	109 (11.2)	0.013*
Mothers <sup>b</sup>		(n=880)	(n=693)	
≥ 4 items endorsed	n (%)	78 (8.9)	85 (12.3)	0.028*
Fathers <sup>b</sup>		(n=340)	(n=250)	
≥ 4 items endorsed	n (%)	21 (6.2)	23 (9.2)	0.167
Private Insurance <sup>c</sup>		(n=796)	(n=732)	
≥ 4 items endorsed	n (%)	47 (5.9)	65 (8.9)	0.026*
Public Insurance <sup>c</sup>		(n=467)	(n=223)	
≥ 4 items endorsed	n (%)	57 (12.2)	44 (19.7)	0.009*

# Parental ACEs impact children's development

	Relative Risk (95% CI)	
	<sup>a</sup> Maternal (n=311)	<sup>b</sup> Paternal (n=122)
<sup>c</sup> ACE		
≥ 1	1.25 (0.77, 2.00)	2.47 (1.09, 5.57)**
< 1 (Ref)	-	-
≥ 2	1.78 (1.11, 2.91)**	3.96 (1.45, 10.83)***
< 2 (Ref)	-	-
≥ 3	2.23 (1.37, 3.63)***	0.82 (0.12, 5.72)
< 3 (Ref)	-	-
Payer source		
Public	1.67 (1.05, 2.67)**	0.87 (0.37, 2.03)
Private (Ref)	-	-
Gestational age at birth		
< 37 weeks	1.70 (0.89, 3.24)	7.76 (3.12, 19.33)***
≥ 37 weeks (Ref)	-	-

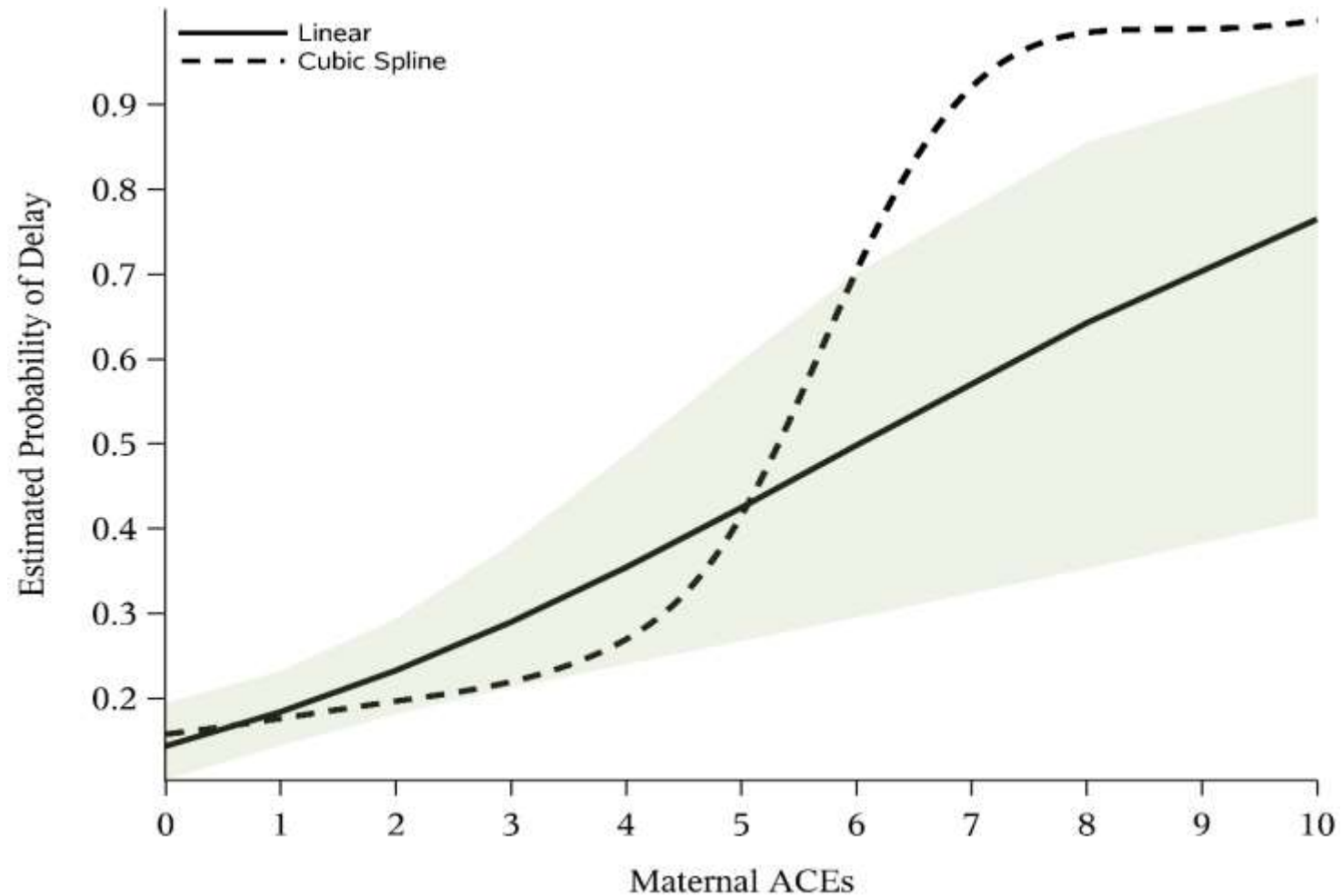
\* = p < 0.1, \*\* = p < 0.05, \*\*\* = p < 0.01

# Domain-specific developmental risk by Maternal ACE exposure

	Maternal ACEs		Relative Risk (95% CI)
	≥ 1 (n=149)	<1 (n=162)	
Communication, <i>n</i> (%)	24 (16.3)	18 (11.1)	1.47 (0.83, 2.60)
Gross Motor, <i>n</i> (%)	20 (13.5)	17 (10.6)	1.28 (0.70, 2.35)
Fine Motor, <i>n</i> (%)	18 (12.1)	16 (9.9)	1.22 (0.65, 2.31)
Problem Solving, <i>n</i> (%)	17 (11.6)	8 (5.0)	2.31 (1.03, 5.20)**
Personal-Social, <i>n</i> (%)	19 (12.9)	17 (10.6)	1.22 (0.66, 2.26)
	≥ 2 (n=60)	<2 (n=251)	
Communication, <i>n</i> (%)	12 (20.3)	30 (12.0)	1.69 (0.92, 3.11)*
Gross Motor, <i>n</i> (%)	12 (20.0)	25 (10.0)	1.99 (1.06, 3.73)**
Fine Motor, <i>n</i> (%)	9 (15.0)	25 (10.0)	1.51 (0.74, 3.06)
Problem Solving, <i>n</i> (%)	11 (18.3)	14 (5.7)	3.23 (1.55, 6.76)***
Personal-Social, <i>n</i> (%)	9 (15.0)	27 (10.9)	1.38 (0.68, 2.77)
	≥ 3 (n=39)	<3 (n=272)	
Communication, <i>n</i> (%)	10 (26.3)	32 (11.8)	2.23 (1.19, 4.16)**
Gross Motor, <i>n</i> (%)	9 (23.1)	28 (10.4)	2.23 (1.14, 4.36)**
Fine Motor, <i>n</i> (%)	8 (20.5)	26 (9.6)	2.15 (1.05, 4.40)**
Problem Solving, <i>n</i> (%)	6 (15.4)	19 (7.1)	2.17 (0.92, 5.10)*
Personal-Social, <i>n</i> (%)	8 (20.5)	28 (10.4)	1.97 (0.97, 4.01)*

\* =  $p < 0.1$ , \*\* =  $p < 0.05$ , \*\*\* =  $p < 0.01$

# Dose response relationship between Maternal ACE and risk for suspected developmental delay



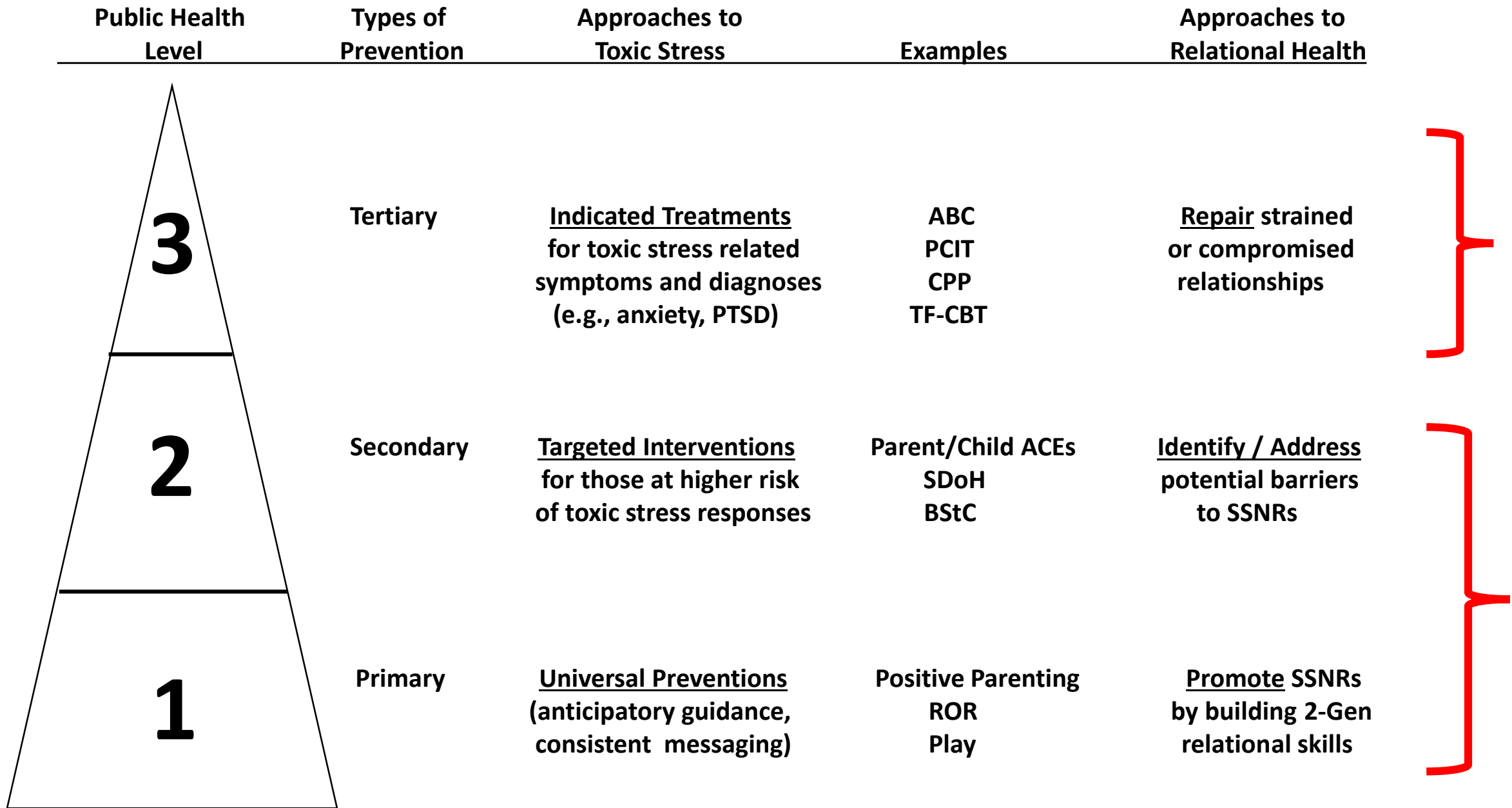
# Parental ACEs Impact Utilization Patterns

- For each additional maternal ACE, there is a 12% increased risk of missing well visits in the first two years.
- This did not result in missing immunizations.
- However, given the risk of developmental delays, it is likely that:
  - Parents are not receiving anticipatory guidance on developmental promotion.
  - There may be an increased risk of missing on-time administration of standardized developmental screens, meaning a potential delay in referral to services.

Eismann EA et al., J Pediatr 2019;211:146-51.

# One of the current debates...

- Do we screen for ACEs themselves, or for symptoms of trauma?
- Some say just the latter...
  - But it takes attention to both.





# What not to do...

- Avoiding discussion of screening tool at the point of service.
  - The message of silence is damaging... it tells the person disclosing that they are not safe telling their story, or that you think the story is not important.
- Using the tool to force a disclosure.
  - Tools should be used to educate families about trauma, to open up conversations if the patient is interested, and to create a safe environment for conversation. Focus on the conversation, not whether the tool is “positive or negative”.
- Screening if you don't have a good idea of what you are planning on doing with the results.
  - For us, parents indicate that the things they are most interested in are parenting skills, developmental promotion materials, and more information about trauma... but we also have resources for mentoring programs, mental health providers, and home visitation if needed.

Go to [www.menti.com](http://www.menti.com) and use code **43 76 10**

Q&A  
+  
Evaluation



# Upcoming TIC Activities

## Empathic Inquiry Training

- A patient-centered approach to social needs screening
- Thursday, November 7
- Eugene, OR
- Registration open now!

## Webinars/Office Hours

- Creating a Critical Incident Management Team
- Tuesday, November 19 @ 1-2pm PST

## Advanced Care Learning Community Conference

- Save the date! Friday, January 31, 2020
- Portland, OR

# Thank you!

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