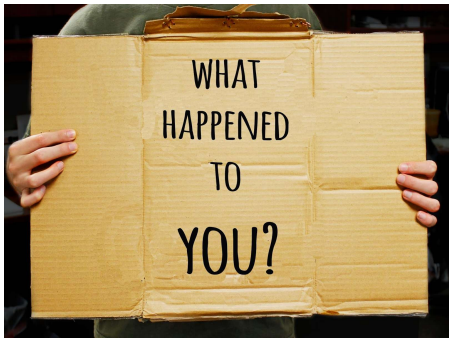
Trauma-Informed Primary Care Part 2: Skills for Addressing Adverse Childhood Experiences (ACEs) and Their Health Impacts in Adult Patients



OKLAHOMA ACADEMY OF FAMILY PHYSICIANS 2019 SCIENTIFIC ASSEMBLY

Frances Wen, PhD and Martina Jelley, MD, MSPH

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Our University of Oklahoma-Tulsa (OU-Tulsa) ACEs Team

- Martina Jelley, MD, MSPH – Internal Medicine
- Frances Wen, PhD – Family and Community Medicine
- Kim Coon, EdD, LPC – Psychiatry
- Julie Miller-Cribbs, MSW, PhD – Social Work
- Kristin Foulks-Rodriguez, MPH – OU Tulsa Simulation Center
- Shannon Gwin, PhD, CHES – Internal Medicine
- Ginger Sutton, BA – Family and Community Medicine

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- 2011-2017, PI J. Miller-Cribbs

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DISCLOSURES

We have no actual or potential conflicts of interest in relation to this program/presentation

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Agenda

- Describe a model for addressing ACEs with adults
- Discuss the components of the model
- Demonstrate: model in action
- Report on evaluation of the model

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Martina Jelley, MD, MSPH

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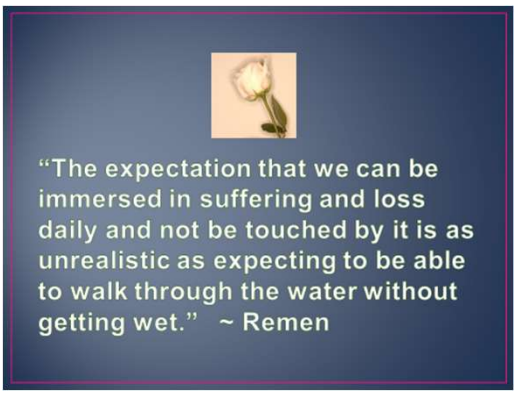

Compassion Fatigue

"A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress."

(Anewalt, 2009; Figley, 1995)

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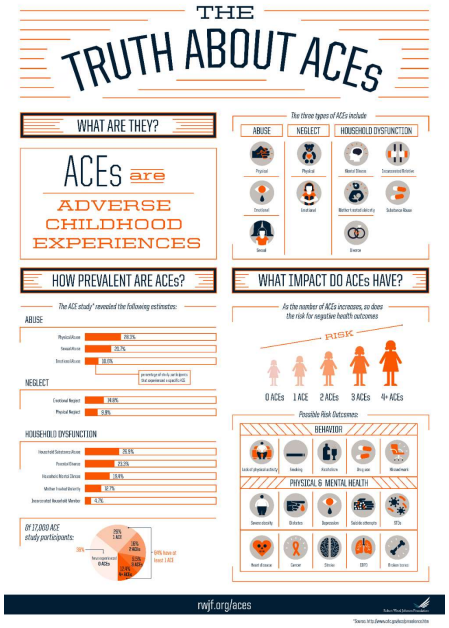
Robert Wood Johnson Foundation
The Truth About ACEs Infographic
Available for download at
https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html#/download



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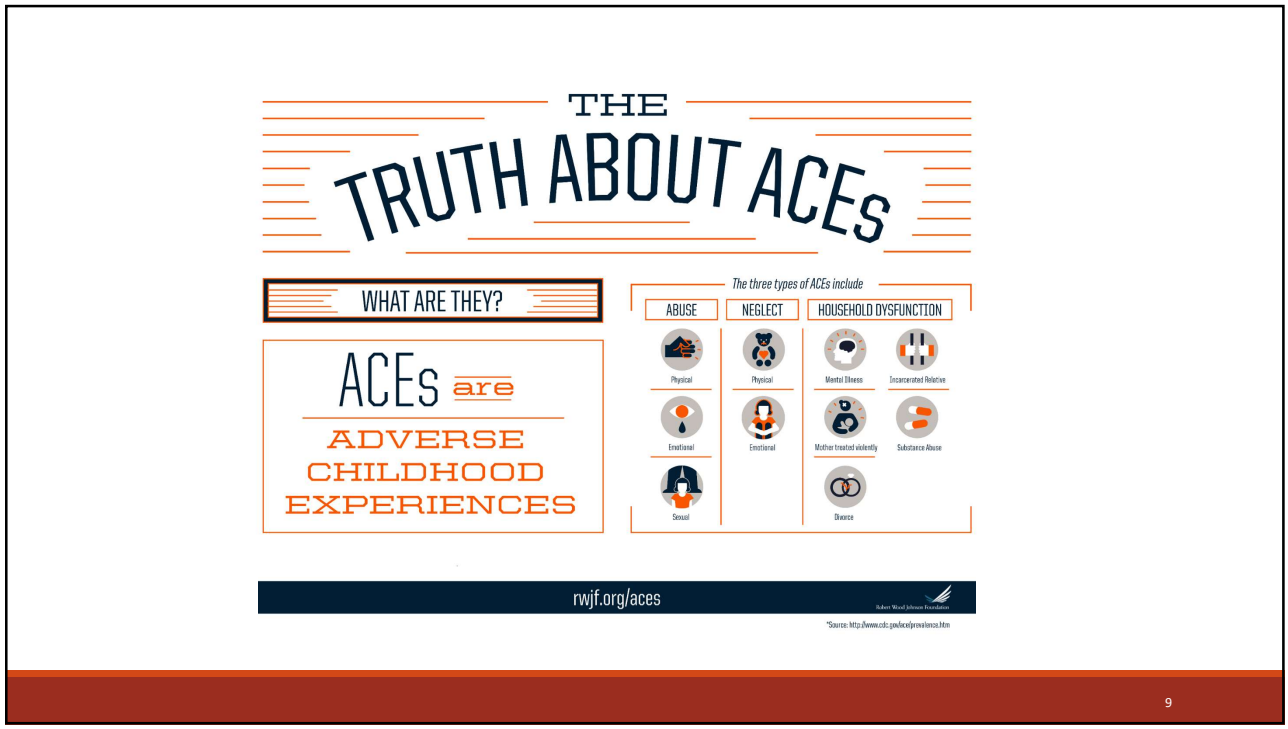
THE
TRUTH ABOUT ACEs
WHAT ARE THEY?
ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES
The three types of ACEs include
ABUSE
NEGLECT
HOUSEHOLD DYSFUNCTION
Physical
Emotional
Sexual
Physical
Emotional
Mental Illness
Incarcerated Relative
Mother treated violently
Substance Abuse
Divorce
rwjf.org/aces
Robert Wood Johnson Foundation
*Source: http://www.cdc.gov/ace/prevalence.htm
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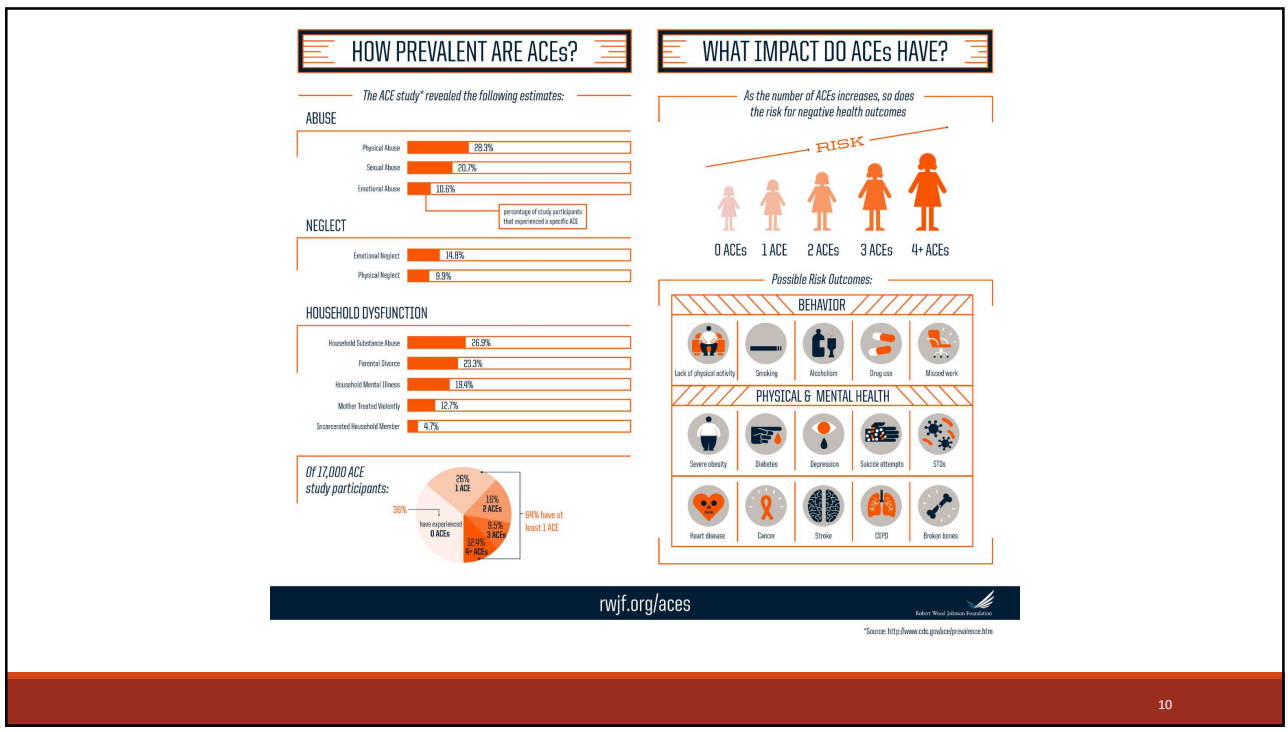
HOW PREVALENT ARE ACEs?
The ACE study* revealed the following estimates:
ABUSE
Physical Abuse 28.3%
Sexual Abuse 20.7%
Emotional Abuse 10.6%
percentage of study participants that experienced a specific ACE
NEGLECT
Emotional Neglect 14.8%
Physical Neglect 9.9%
HOUSEHOLD DYSFUNCTION
Household Substance Abuse 26.9%
Parental Divorce 23.3%
Household Mental Illness 19.4%
Mother Treated Violently 12.7%
Incarcerated Household Member 4.7%
Of 17,000 ACE study participants:
26% 1 ACE
18% 2 ACEs
9.5% 3 ACEs
12.4% 4+ ACEs
36% have experienced 0 ACEs
64% have at least 1 ACE
WHAT IMPACT DO ACEs HAVE?
As the number of ACEs increases, so does the risk for negative health outcomes
RISK
0 ACEs
1 ACE
2 ACEs
3 ACEs
4+ ACEs
Possible Risk Outcomes:
BEHAVIOR
Lack of physical activity
Smoking
Alcoholism
Drug use
Missed work
PHYSICAL & MENTAL HEALTH
Severe obesity
Diabetes
Depression
Suicide attempts
STDs
Heart disease
Cancer
Stroke
COPD
Broken bones
rwjf.org/aces
Robert Wood Johnson Foundation
*Source: http://www.cdc.gov/ace/prevalence.htm
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Patients With Unaddressed ACEs Will Use More of Your Practice Time and Resources

ACEs predict the amount of medical care required as an adult with surprising accuracy:

- Four or more categories of ACEs = twice as likely to be diagnosed with cancer as individuals who hadn't experienced childhood adversity
- Each ACE Score increases a woman's risk of being hospitalized with an autoimmune disease rose by 20%
- An ACE Score of 4 = 460% more likely to suffer from depression than someone with no ACEs
- An ACE Score greater than, or equal to, 6 have a shortened lifespan by almost 20 years

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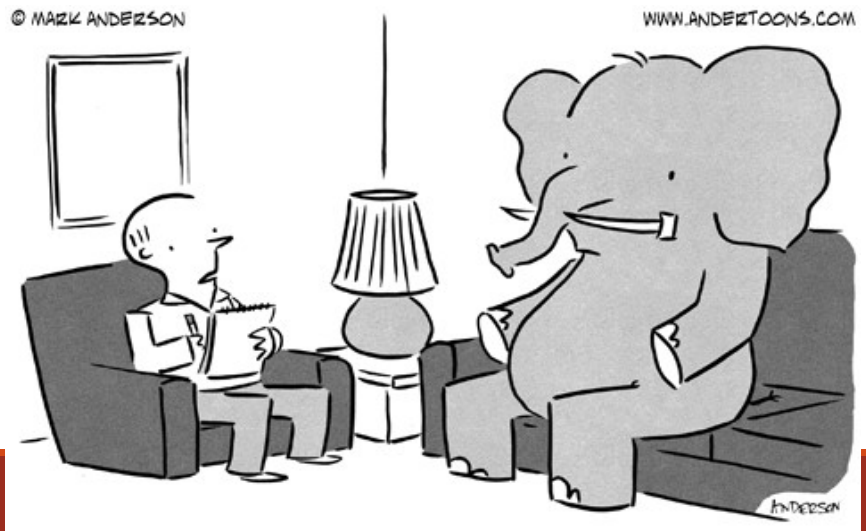

"Let's try some role playing. I'll be the elephant in the room and you address me."

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Clues Patient Has Sequelae of ACEs

Lengthy differential and diagnoses list
- *Functional illnesses, unexplainable sxs*

Multiple hospitalizations/ER visits

Substance abuse and addiction, especially early smoking hx

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Fears of Opening Pandora's Box

Greek mythology of chaos

Wish: keep the ACES box closed

Reality: the box is already open

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How Will Inquiring Change the Visit?

Glowa PT, Olson AL, Johnson DJ: Screening for Adverse Childhood Experiences in a Family Medicine Setting: A Feasibility Study. J Am Board Fam Med. 2016;29(3):303-307. Family medicine physicians examined use of ACE screening for patients

- Patients were amenable to the questions
- Added about five minutes to the primary care visit

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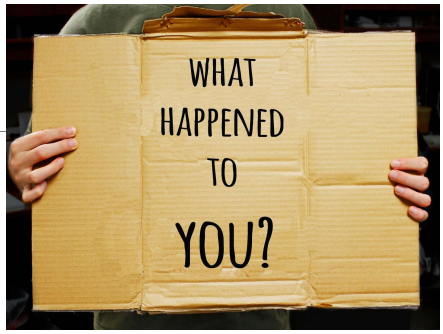
ACE-Informed Care is Better Care

- TRADITIONALLY HEALTH PRACTITIONERS ASKED: *"WHAT IS WRONG WITH YOU?"*
- NOW, WE SHOULD ASK:

"WHAT HAPPENED TO YOU?"



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What is a clinician to do?

"…time does ***not*** heal some of the adverse experiences we found so common in the childhoods of a large population of middle-aged, middle-class Americans"

Vincent Felitti, MD

Felitti, V. J. (2002). "[The relationship of adverse childhood experiences to adult health: Turning gold into lead]." Z Psychosom Med Psychother **48**(4): 359-369. *(p. 44)*

"Asking…Listening, and ***Accepting*** that patient for who they are…are a powerful form of ***Doing*** that confers great relief to patients"

Vincent Felitti, MD

Nazakawa, DJ (2015). Childhood disrupted. NY: Simon & Schuster. (p. 153)

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Professional ACEs Informed Training for Health (PATH) ©

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Communication and Intervention Skills

"Asking and Educating"

1. **Introducing and Connecting ACEs**: Weave ACEs discussion into the encounter and make a connection between the patient's childhood experiences and current health concerns
2. **Explaining ACEs**: Educate the patient on the health consequences of ACEs

"Listening"

3. **Empathy**: Demonstrate that you understand the patient's experience in a caring, compassionate way

"Accepting"

4. **Stigma Reduction**: Demonstrate acceptance of the patient's experience and reduce the stigma that social convention and secrecy confers on childhood maltreatment

Treatment Planning

5. **Collaborative Treatment Planning:** Engage the patient in collaborating on a treatment plan - take time to consider information shared, self-help and counseling resources

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Gaining Trust and Cooperation

Provide reassurance that symptoms are NOT:

- Imaginary or an attempt to deceive or malingering
- A sign that the patient is too sick to manage in primary care

Provide hope that effective treatment is available

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Starting the Conversation

Begin where the patient presents

Weave the idea of ACEs into the patient's medical history and current symptoms

Provide a rationale for why knowing about ACEs matters

- How knowing about ACEs changes patient health decisions
- Use information for developing collaborative treatment plans

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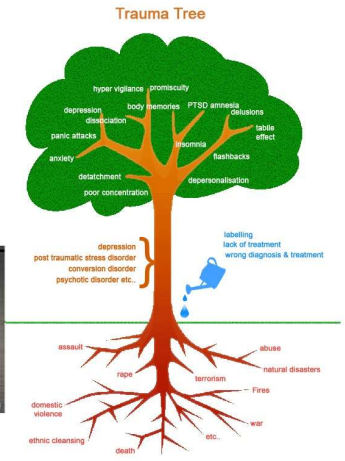
ACE Metaphors/Explanation tools

- Use of metaphors may help explain the lifetime effects of ACEs:
  - Building a brain
  - Brain traffic control
  - Overloaded pick-up truck
  - Backpack
  - Tree of trauma
  - Toxic stress
  - Turning up the volume
  - Upstairs/downstairs brain



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Sample language after disclosure

"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."

This can be followed up with a question such as:

"Past traumas can sometimes continue to affect our lives and health. Do you feel like this experience continues to affect your health or well-being?"

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Sample language - metaphors

"Think about carrying a heavy backpack filled with bricks. Those bricks might represent traumatic experiences in your life. You can't see them because they are behind you, but they are weighing you down and not letting you move on with your life and be well. Let's talk about ways that we might be able to help unload some of those bricks from your backpack."

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Sample language - metaphors

"Sometimes the toxic stress that our brains and bodies have suffered in the past can change the way our nerve cells work. It can cause nerve signals from our (joints, muscles, etc.) to be amplified when those signals reach the brain. Basically it's like turning up the volume on a radio. We want to work together to see if we can help turn that volume back down so that your (pain, other symptoms) is more tolerable."

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Sample language – planning intervention

"The good news is that it's possible to heal from even the deepest wounds of trauma."

"Your brain can change."

"You can help re-wire your brain."

"It's possible to find new, healthier coping strategies for you."

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Trauma-specific interventions

Individual and/or group therapies that help patients manage trauma symptoms, process traumatic experiences and reduce isolation

Trauma-informed somatic interventions such as mindfulness, yoga, other exercise programs including aquatics

Medicines to reduce post-traumatic symptoms such as insomnia, anxiety and depression

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Strategies

Introduce ACEs in the context of an established relationship

Use infographics and metaphors to explain the ACEs connection to adult health problems

Offer to temporarily increase office visits

Warm hand-offs to other providers

Suggest further investigation through self-help books, legitimate ACE websites

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Let's Give It A Try

Role play Provider-Patient encounter

Incorporate discussion of ACEs into an ambulatory appointment with an established patient.

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What was that like?

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Frances Wen PhD

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Describing the training program

WEN, F.K., MILLER-CRIBBS, J.E., COON, K.A., JELLEY, M.J., & FOULKS-RODRIGUEZ, K. A. (2017). A SIMULATION AND VIDEO BASED TRAINING PROGRAM TO ADDRESS ADVERSE CHILDHOOD EXPERIENCES. INTERNATIONAL JOURNAL OF PSYCHIATRY IN MEDICINE, 52(3), 255-264. DOI: 10.1177/0091217417730289.

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1. • Project 1: High ACEs in clinic population identified
   - Outcome: Identified need for ACEs intervention
2. • Project 2: Use simulation to develop intervention, evaluation of resident performance
   - Outcome: Development of PATH model, video, rubrics; training of primary care residents & faculty
3. • Project 3: Continued evaluation/refinement of PATH; expansion to other professions
   - Works in Progress: Dissemination, trauma-informed systems and education, community-based training

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PATH™ Model©

PATH™© is a term and model developed by the OU-Tulsa ACEs Team

The Professional ACEs-Informed Training for Health (PATH™©)

Learners:

- Designed for medical residents working in ambulatory settings with adults
- Adaptable for medical students, nursing, physician assistants, and social work and other behavioral health programs
- Adaptable for other settings, e.g., inpatient

Objectives:

- Train residents about how to talk to adult patients about ACEs
  - Train HCPs to help patients understand the potential impact of ACEs on their health
  - Prepare health care practitioners (HCPs) to discuss ACEs
  - Educate HCPs on incorporating ACEs into treatment planning

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PATH™ Model©

6 main components: 3–4 hours

1. Pre-work: assigned readings & videos
2. Didactic presentation & discussion: 30-40 mins
3. Videos & discussion: 40-50 mins
4. Simulation experience with standardized patients (SP): 45-60 mins
5. Large Group Debrief of simulations: 10-15 mins
6. Self-care and vicarious trauma information: 10-15 mins

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PATH™ by Level of Learner

Interns
- Introduction to ACEs & outcomes
- Simulation of an ambulatory encounter with a continuity patient
- Resources & self-care

PGY2
- Emphasis on neurobiological changes
- Use of metaphors
- Round-robin simulations with a standardized patient

PGY3
- Expanding domains of intervention
- Simulation of inpatient encounter
- Implementation in practice

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PATH™ Activities: Pre-work

Interns
- Background on ACEs
  - Seminal study by Felitti and Anda
  - ACE infographics from the CDC and Robert Wood Johnson Foundation
- Intern Cases
- Other resources - videos
  - Dr. Jeffrey Brenner: *ACEs Too High*
  - Academy on Violence & Abuse: *Overview of ACE study*
  - ACES Too High: *What You Didn't Learn in Med School*

Seniors
- Background on ACEs & interventions
  - Two articles on communication strategies
  - ACE infographics from the CDC and Robert Wood Johnson Foundation
- Senior Cases

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PATH™ Activities: Didactics

Tailored to level of learner

Background on ACEs
- Seminal study by Felitti and Anda
- ACEs in OK

What it looks like in practice:
- Metaphors: The elephant in the room and Pandora's Box

Training Skills
- Introducing and connecting ACEs
- Explaining ACEs
- Empathy
- Stigma reduction
- Shared decision-making

Reinforce simulation as training, not evaluation (OSCE)

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PATH™ Activities: Videos & Discussion

Obtain Buy-in
- Physician addressing ACEs
  - Family Physician Chet Fox, MD, SUNY Buffalo
  - Sports Medicine Physician LaMont Cavanagh, MD, OU School of Community Medicine
  - Internist Martina Jelley, MD, OU School of Community Medicine
  - How they came to work with ACEs
  - How they address ACEs in his clinic
- Patient video
  - Dr. Fox interviewing one of his patients on her experiences and outcomes

Demonstrate Skills
- 15-minute simulation encounter
  - Resident addressing ACEs with a standardized patient using the training skills
- Training skills
  - Clips of examples of each skill and metaphors
- Reinforce simulation as training

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PATH™ Activities – Simulation & Debrief

Standardized Patient (SP) Encounters
- Two cases derived from faculty patients
- Residents are paired
- Each resident sees one and does one

Debriefing: Formative Feedback from Encounter
- Immediate feedback with SP, faculty, and observing resident
- Evaluations

Group Discussion
- Experience in encounter
- Self-care, vicarious trauma
- Patient resources

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Tools and Resources

Notes pages for residents

Evaluation rubric for faculty
- Goal-oriented
- Structured as milestones
- Global

Evaluation checklist for faculty
- Behaviorally-oriented
- Specific

List of patient resources for residents

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EVALUATION RUBRIC

Rubric for Resident Evaluation				
Goal One: Introduction of ACEs into Encounter				
1 Unsatisfactory	2 Marginal	3 Competent	4 Excellent	5 Exceptional
Did not attempt to introduce ACEs		Attempted to introduce ACEs		Successfully introduced ACEs
Goal Two: Explanation of Link between ACEs and Current Health Status				
1 Unsatisfactory	2 Marginal	3 Competent	4 Excellent	5 Exceptional
Did not establish link between ACEs and current health status		Attempted to establish link between ACEs and current health status		Successfully established link between ACEs and current health status
Goal Three: Expressions of Accurate Empathy				
1 Unsatisfactory	2 Marginal	3 Competent	4 Excellent	5 Exceptional
Did not use expressions of accurate empathy		Attempted to use expressions of accurate empathy		Successfully used expressions of accurate empathy

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EVALUATION RUBRIC

Rubric for Resident Evaluation Continued				
Goal Four: Reduction of ACEs Stigma				
1 Unsatisfactory	2 Marginal	3 Competent	4 Excellent	5 Exceptional
Did not attempt to reduce ACEs stigma		Attempted to reduce ACEs stigma		Successfully reduced ACEs stigma
Goal Five: Collaborative Decision Making				
1 Unsatisfactory	2 Marginal	3 Competent	4 Excellent	5 Exceptional
Did not seek patient's input into treatment formulation plan		Attempted to seek patient's input into treatment formulation plan		Successfully sought patient's input into treatment formulation plan

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Evaluation of Training

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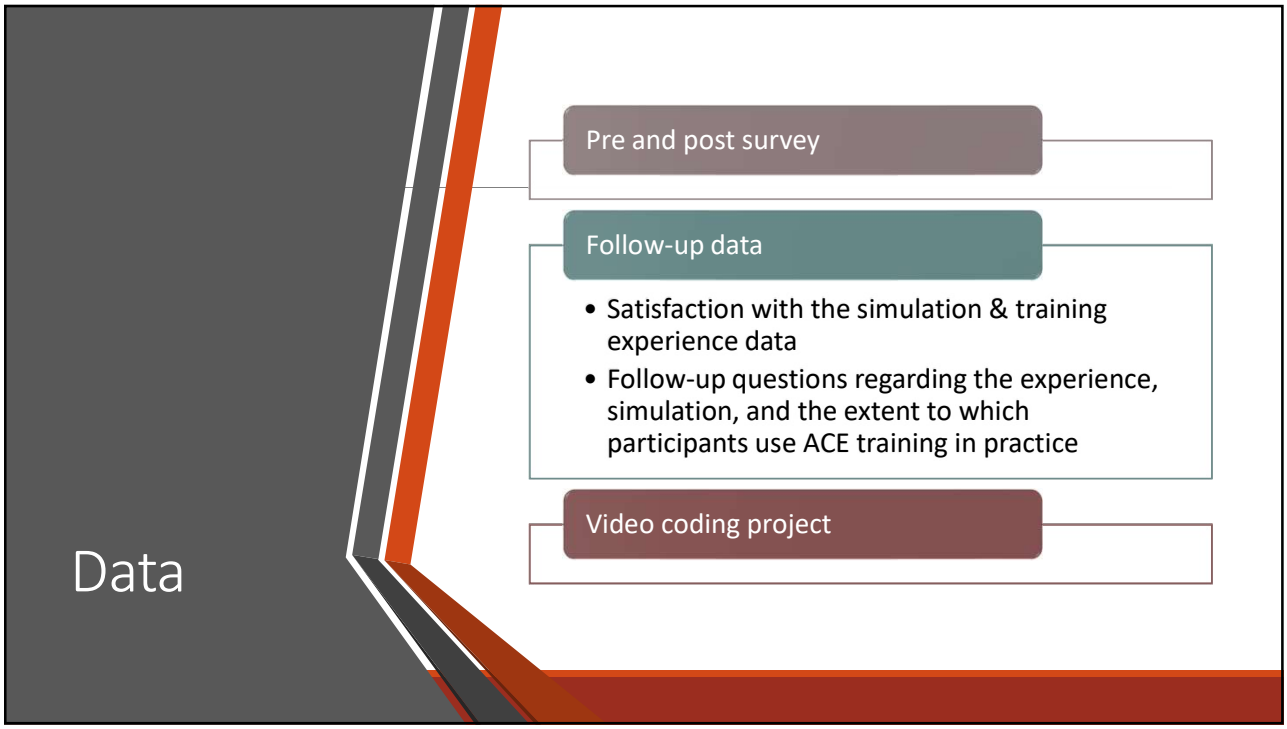

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PRE-POST SURVEY EVALUATION

- Knowledge of
  - ACEs & Trauma-Informed Care (TIC)
- Importance to Practice
  - ACEs & TIC

Discipline	*N* = 116
Physical Therapy	15
Occupational Therapy	41
Nursing	30
Medical/PA Students	10
Residents	20

- Results indicated a statistically significant increase across time for all disciplines, with large effect sizes.

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Example Qualitative Themes from PATH™ Training

What did the simulation training best help you understand?

Awareness of ACEs

How to introduce topic in clinic encounter

Greatest Success

Communicating with patients about past

Application of ACE knowledge

Most Powerful Learning Experiences

ACE information & how to discuss with patients

ACE prevalence

Takeaways

Patient insights & importance of patient-provider relationship

Positive effects of addressing ACES

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Selected Trainee Data: Implementation Plans

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I plan on implementing the skills learned through this simulation in my clinical practice	1 (1.4%)	(8.3%)	14 (19.4%)	40 (55.6%)	11 (15.3%)
I have patients in mind that would benefit from the ACE discussion	1 (1.4%)	3 (4.2%)	14 (19.4%)	35 (48.6%)	19 (26.4%)

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…from a recent graduate

- Though I didn't appreciate the work our [ACES] 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.
- To hopefully break the generational influence ACEs have on our youth, we have a unique opportunity to change the course of someone's probable trajectory in their health and psyche.

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References and Resources

1. Robert Wood Johnson Foundation, The Truth About ACEs Infographic, available for download and retrieve from https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html#/download,
2. Wen, F.K., Miller-Cribbs, J.E., Coon, K.A., Jelley, M.J., & Foulks-Rodriguez, K. A. (2017). A simulation and video based training program to address adverse childhood experiences. International Journal of Psychiatry in Medicine, 52(3), 255-264. DOI: 10.1177/0091217417730289.
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CHALLENGES IN IMPLEMENTATION

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SCHOOL OF COMMUNITY MEDICINE
UNIVERSITY OF OKLAHOMA

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GETTING RESIDENTS TO BUY IN

Use patient examples as much as possible to help them understand the connections to the difficult patients they are dealing with

Use success stories, if possible

Give them enough support and examples to be the "expert" for their patients

SPs need to be relatively "easy" at first and good at giving positive feedback

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DON'T CALL THEM OSCEs

Or OSMEs

Emphasize that these are formative, not summative

Opportunity to practice skills, not a test

Don't give a grade

Faculty evaluate but learners don't need to see written evaluation

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EMPHASIZE MAJOR THEMES

Making the connection (ACEs – health) is therapeutic

They don't need to come up with a solution

The experience will help their general communication skills

Clinician needs to have a whole view of the patient – social history is key

If BH is available – integration is ideal, with warm hand-offs, if possible

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LOGISTICS IN A RESIDENCY PROGRAM

Get on the schedule EARLY

Best done when residents are in clinic
- Schedule whole group (4-8 residents) to do a simulation together

Get program director on board

Train faculty in basics of ACE discussion

Simulation center staff are key to making sessions run smoothly

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Our Thanks

The OU-Tulsa ACEs Team extends our sincere gratitude to the many trainees, staff, SPs, and faculty who have contributed to this work.

Martina Jelley, MD, MSPH – Internal Medicine
Frances Wen, PhD – Family and Community Medicine
Kim Coon, EdD, LPC – Psychiatry
Julie Miller-Cribbs, MSW, PhD – Social Work
Kristin Foulks-Rodriguez, MPH – OU Tulsa Simulation Center
Shannon Gwin, PhD, CHES – Internal Medicine
Ginger Sutton, BA – Family and Community Medicine

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QUESTIONS?
COMMENTS?

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