

Trauma Inquiry and Response in Health Care Settings

*SAMHSA's National Center on Trauma-Informed Care
Webinar Series on Trauma and its Relevance to Health
Care*

*Presented by: Mary Blake; Naina Khanna; Brigid McCaw, MD;
Edward Machtinger, MD*

Adobe Connect
September 13, 2018; 3:00-4:30pm ET
Moderated By: Mary Blake



SAMHSA
Substance Abuse and Mental Health
Services Administration

A theater stage with red seats and a white screen displaying text. The stage is illuminated with warm lights, and the seats are arranged in rows. The text on the screen is in a bold, black font.

**This event is
being recorded.**

Audio is now broadcasting.

Disclaimer

The views, opinions, and content expressed in this presentation and discussion do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (DHHS).



Your line will be muted during the presentation.



Chat

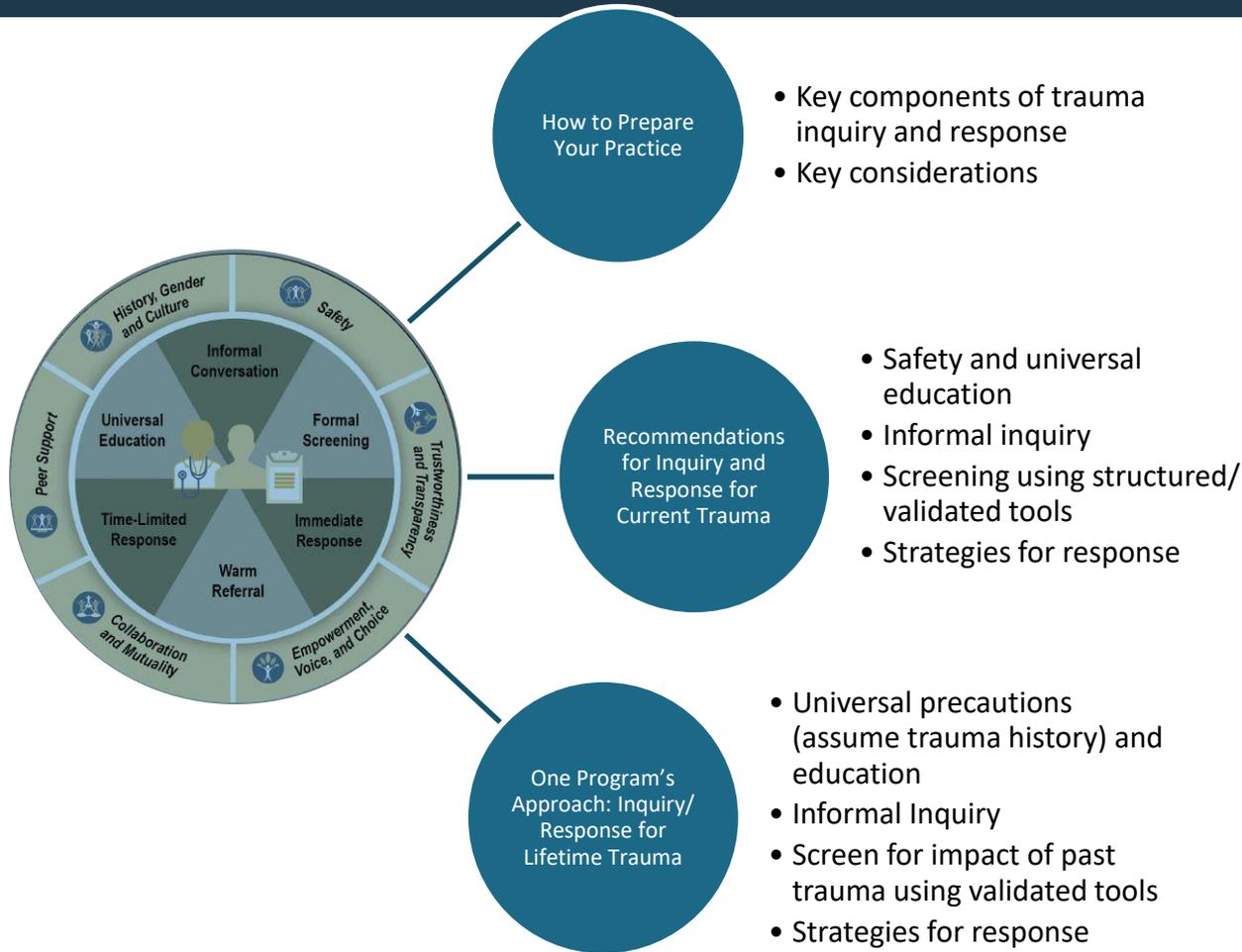
Public Grantee Chat (Everyone) 

Comments in the chat box do not reflect the views or policies of the presenters, CMHS, SAMHSA, or DHHS.



Everyone 

Learning Objectives



Disclaimer Re Trauma Inquiry and Response in Primary Care

The Institute of Medicine (IOM) recommended that health care settings screen for and respond to both Intimate Partner Violence (IPV) and past trauma

- See Recommendation 5.7 of *Clinical Preventive Services For Women Closing Gap Brief Report (2011)* <http://nationalacademies.org/hmd/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps/Action-Taken.aspx>

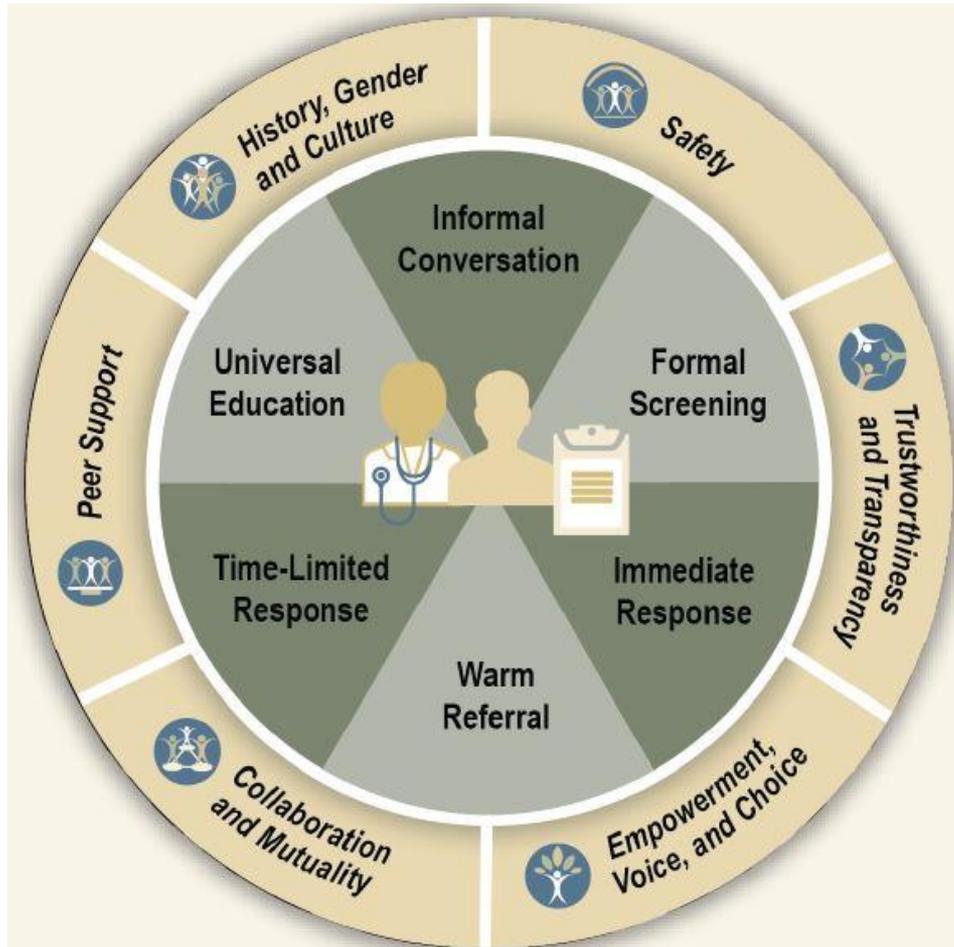
There is a body of evidence for screening for and responding to IPV in health care settings

- Participants will learn about recommended approaches

Inquiring about and responding to past trauma and its impacts is now being explored, but the evidence on approach and outcomes is not yet established

- Participants will hear about one program's strategy

Key Components for Trauma Inquiry and Response



Why Inquire and Respond in Primary Care?

BENEFITS FOR PATIENTS AND PROVIDERS:

For health providers. Understanding that trauma underlies many health conditions can lead to more satisfying and compassionate relationships with patients, more efficient and effective treatment plans, and new opportunities for patient-centered care.

For patients. Understanding the connection between the experience of trauma and current health issues can lead to greater self-acceptance, engagement in care, healthier coping mechanisms, and improved health outcomes. It can also help mitigate adverse childhood experiences for their children.

Definition of Brief Response

A brief response to trauma in primary care settings:

- Provides for intentional, time-limited, direct assistance to the trauma-related needs of patients that is patient-driven and trauma-informed.
- Provides the opportunity for practitioners and patients to better understand the connection between traumatic experiences and health status.
- May also provide support to the primary care workforce, allowing practitioners to provide better care.
- Has a clear objective, is time-limited, and includes an immediate response (taking less than half an hour) and/or a time-limited response with a limited number of sessions, either on-site or off-site using a coordinated or cooperative model.
- Can include education/psychoeducation, on-site trauma response, or linkage and referral.

Know Why You Are Asking and What You Will Do

Trauma Inquiry Key Questions

- Do I observe possible signs of violence and abuse?
- Have I ensured a safe environment for my patient to disclose current or past trauma?
- What am I asking my patient to disclose?
- What will I do with the information I receive?
- Am I fully present to my patient when asking about possible traumatic experiences?
- Do I have an understanding of my patient's culture that might impact how I ask about trauma and how s/he might respond?
- Am I prepared to hear my patient's response?
- How will I "keep the door open" for my patient to disclose any experiences of trauma in the future?

Brief Response Key Questions

- What is the purpose of the brief response?
- How can I ensure that the brief response integrates a patient-centered, strengths-based approach and that the outcome is driven by my patient?
- Have I assessed ways to integrate and address resiliency and trauma recovery concepts?
- When and how will I or someone else deliver the brief response?
- What are my expectations for the duration and frequency of the brief response?
- What level of training do I need to deliver the brief response?
- What gender-based or cultural issues should I be considering in the brief response?

Preparing Your Practice

Recognize that a trauma history is likely

Learn about and adopt trauma-informed principles

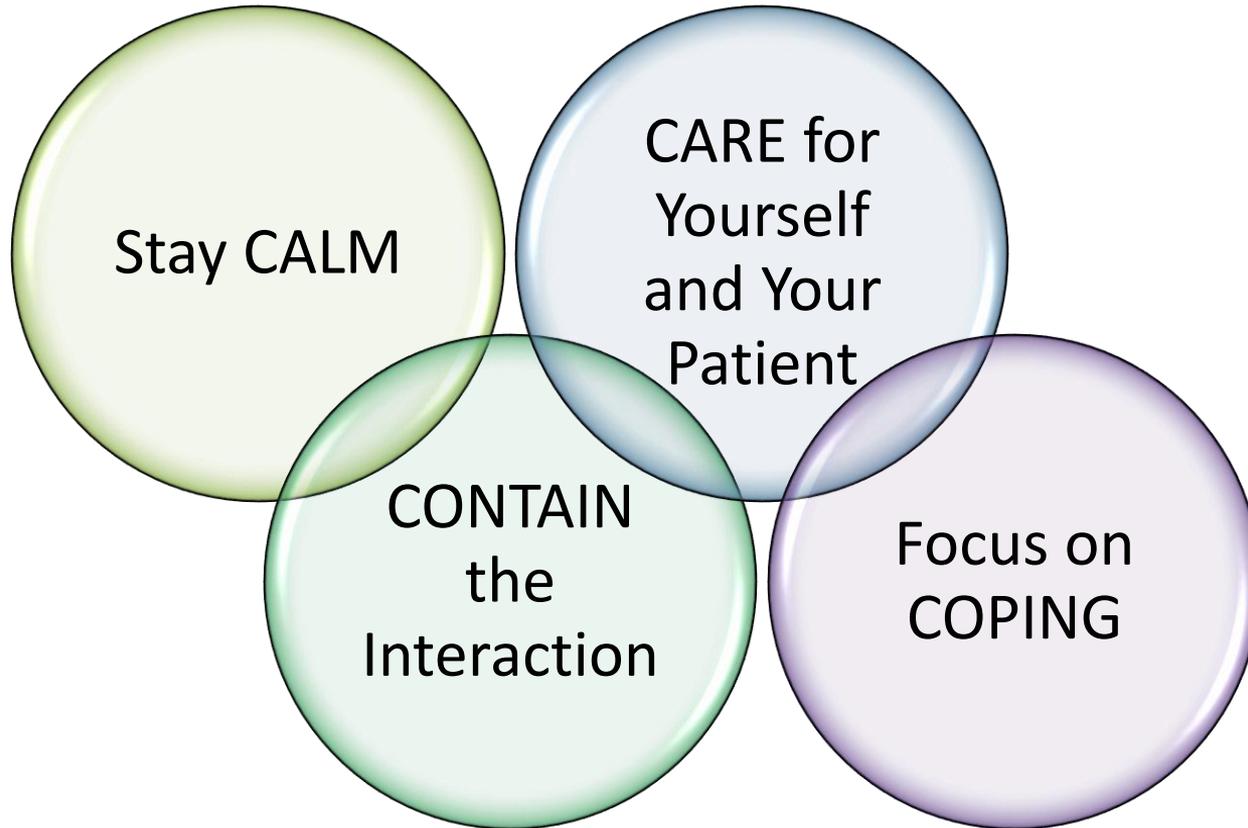
Prioritize universal education

Be responsive to cultural/historical/gender issues

Understand patients may or may not disclose trauma

Emphasize patients' resiliency and strength

Preparing Yourself: Embrace the 4 C's*



Opportunities for Trauma Inquiry Across the Primary Care Patient Flow



Pre-Visit

- On-line educational materials
- Web-based patient registration or self-survey
- Appointment scheduling
- Phone-delivered information

Check-In/ Waiting Room

- Information packet at check-in
- Confidentiality and state reporting requirements
- Waiting room educational materials
- Self-screen kiosk or patient survey

Triage/Medical Interview

- Universal education
- Informal inquiry
- Formal screening
- Assessment
- Resiliency screening/assessment

End of Visit/ Post-Visit

- Patient take-home self-screen/survey
- Post-visit information packet
- Linkage to community resources
- List of local community organizations, peer support, mutual support groups

Opportunities for Brief Response Across the Primary Care Patient Flow



Pre-Visit

- On-line safety information
- Web-based videos and learning opportunities
- Local resources available on-line or by phone
- Social networking

Check-In/ Waiting Room

- Waiting room materials
- Hand-out materials, educational videos
- Self-survey/screen
- Parent education
- Peer support

Triage/Medical Interview

- Validation/affirmation
- Safety planning/
risk assessment
- Motivational interviewing
- Screening and brief
intervention (SBIRT)

End of Visit/ Post Visit

- Integrated behavioral health supports
- On-site wellness activities
- Follow-up appointment scheduled
- If appropriate, provide a warm referral to a trauma-informed behavioral health provider with clinical expertise

Why Inquire About Current Trauma?

The US Preventive Services Task Force (USPSTF) recommends screening for Intimate Partner Violence (IPV) and referral for further intervention and support*

*USPSTF Draft Recommendation on Intimate Partner Violence Screening. 2018.

<https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening1>

IPV Screening: Key Principles and Practice Tips

Ensure privacy and safety

- Educate and talk w/ patient alone

Respect gender, history, and culture

- Display multi-lingual/cultural educational materials on IPV and promoting healthy relationships

Build peer support

- Provide warm referral to local DV groups, agencies

Create trust and transparency

- Set context for screening

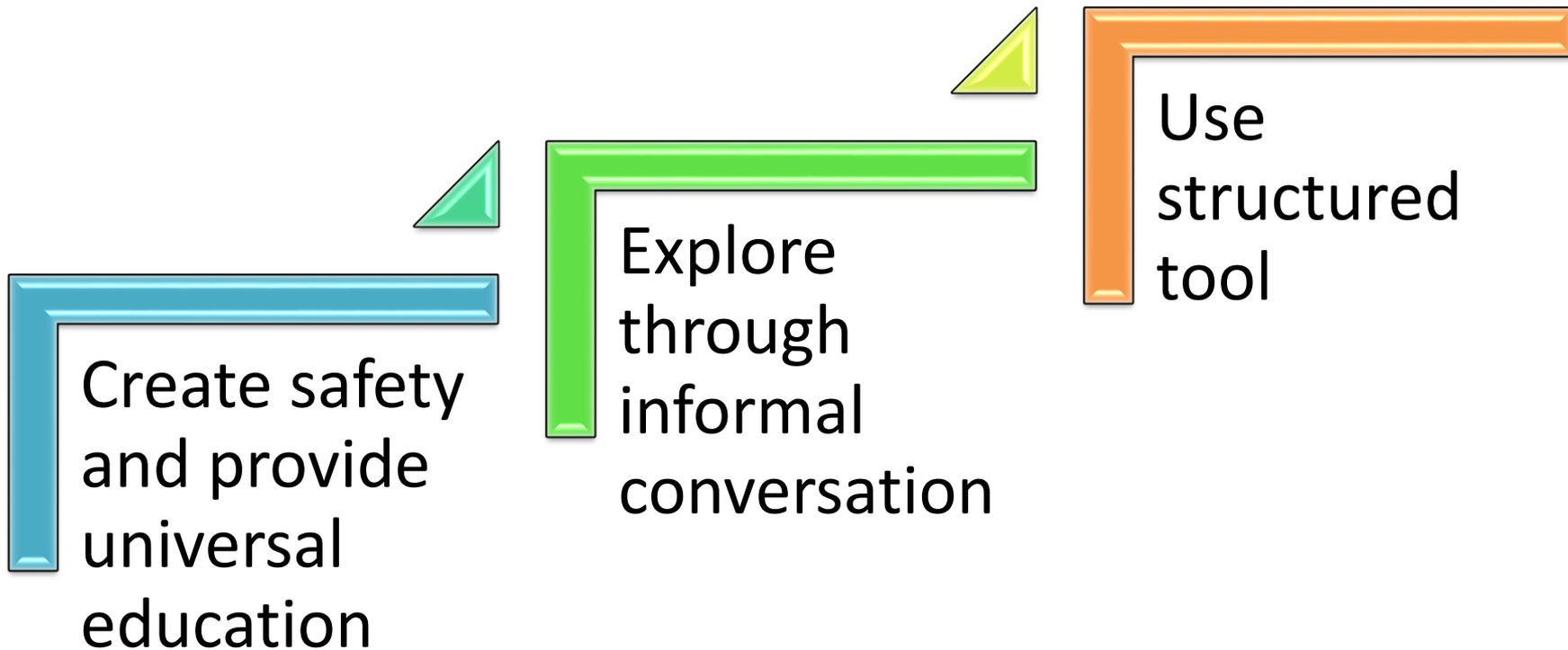
Use collaborative approach

- Obtain patient feedback

Support patient empowerment

- Tell patients what you are doing and why

Approaches for Inquiring About Current Trauma/IPV



Example of Using a Safety Card for Education and Resources

Is your relationship affecting your health?

Are you in a **HEALTHY** relationship?

Ask yourself:

- ✓ Is my partner willing to communicate openly when there are problems?
- ✓ Does my partner give me space to spend time with other people?
- ✓ Is my partner kind and supportive?

If you answered **YES** to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better physical and mental health, longer life and better outcomes for your children.

Are you in an **UNHEALTHY** relationship?

Ask yourself:

- ✓ Does my partner shame me or humiliate me in front of others or in private?
- ✓ Does my partner control where I go, who I talk to, and how I spend money?
- ✓ Has my partner hurt or threatened me, or forced me to have sex?

If you answered **YES** to any of these questions, your health and safety may be in danger.

Example of Using a Safety Card for Education and Resources

Is your relationship affecting your health?

Here are some proven steps you can take to help you cope and improve your health.

1. Talk with someone supportive that you trust about what's going on.
2. If it is safe, write about the pain you have experienced.
3. Reduce your stress through deep breathing and exercise.
4. Talk to your health care provider about things you may be doing to help you cope, such as: over-drinking, using drugs, or over-eating and support for next steps.

If your safety is at risk, here's how you can protect yourself:

1. Call 911 if you are in immediate danger.
2. Prepare an emergency kit for a situation where you have to leave suddenly (keys, money, legal and important documents, medicines, social security numbers, bank account information etc.) Call a domestic violence hotline for additional help planning.
3. Develop a safety plan with your children, including people they can call in an emergency including 911.
4. Talk to your health care provider, who can provide you with a private phone to call for help.



Script for Inquiring about Current Trauma/IPV

Set context and explore through informal conversation

“I like to check in with all my patients about their home and relationships. Can you tell me about your current living situation? Is anyone hurting, hitting, or threatening you?”



Use of Structured Tools

- CDC IPV Assessment Instruments for Healthcare
 - HARK, HITS, PVS, STaT, or other tools
 - PRAPAR DV screening module

- Develop screening tool that fits in your setting

your health is our priority

About 1 in 4 women experience domestic violence at some point in their lives. This can affect your physical and emotional health. Please take a few minutes to answer these questions.

- Are you currently in a relationship where your partner hits, slaps, kicks, chokes, or hurts you?
 - Yes No Prefer not to answer Already discussed with my clinician
- Are you currently in a relationship where you feel threatened or frightened by your partner?
 - Yes No Prefer not to answer Already discussed with my clinician
- Have you ever had a partner who physically hurt, frightened or threatened you?
 - Yes No Prefer not to answer Already discussed with my clinician
- Have you ever had or do you currently have a partner that causes you emotional stress or has emotionally abused you in any way?
 - Yes No Prefer not to answer Already discussed with my clinician

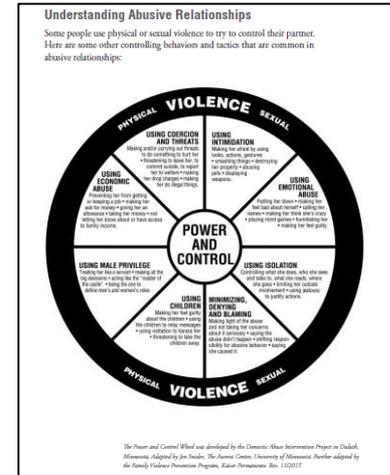
National Domestic Violence Hotline
 Help is available in over 170 languages
 Call: 1-800-799-SAFE (7233)
 Chat: thehotline.org

National Dating Violence Helpline
 For teens & young adults. English & Spanish available
 Call: 1-866-331-9474
 Text: loveis.org
 Chat: loveisrespect.org

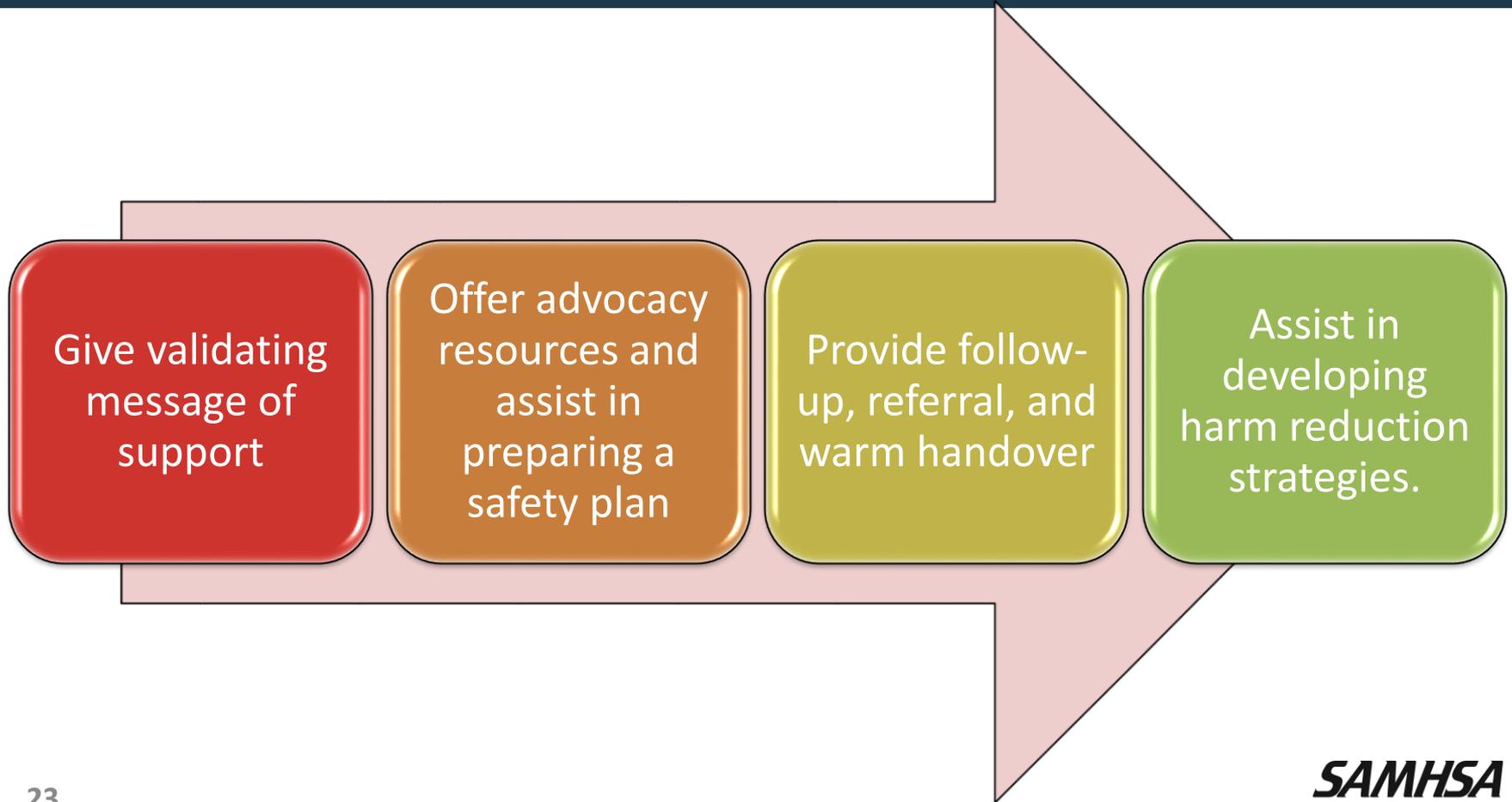
These hotlines can connect you to local resources and provide support. They are ANONYMOUS and CONFIDENTIAL. Available 24/7.

Family Violence Prevention Programs | KAISER PERMANENTE

www.kp.org | Revised 1/2016 - O&D



Responding to Current Trauma/IPV



Opportunities for Brief Response to IPV Across the Primary Care Flow



Pre-Visit	Check-In/Waiting Room	Medical Interview/Private Time with Provider Alone	End of Visit/Post-Visit
<ul style="list-style-type: none"> • Online safety information • Web-based videos and learning opportunities • Local resources available online or by phone • Social networking 	<ul style="list-style-type: none"> • Educational materials, posters, videos available in waiting room • Private self-survey/screen 	<ul style="list-style-type: none"> • Validation/affirmation • Evaluate for other mental health needs (depression, anxiety, PTSD, substance misuse, suicidality) • Danger assessment/safety planning • Motivational Interviewing/Harm reduction 	<ul style="list-style-type: none"> • Integrated behavioral health supports • On-site area to call Domestic Violence (DV) hotline, talk with advocate • If appropriate, provide referral for trauma-informed BH services

Example from the field

The evidence for inquiring about lifetime trauma in primary care is not yet established; as such, SAMHSA is not yet recommending screening for past trauma in primary care. The following discussion will present one program's approach for inquiring about past trauma in primary care developed in collaboration with a number of other programs innovating in this field.

Inquiring About and Responding to Lifetime Trauma

Why inquire about and respond to lifetime trauma?



Photo by Lynnly Labovitz.
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Inquiring About and Responding to Lifetime Trauma

Why inquire about and respond to lifetime trauma?

- Transform the outcomes of care and the care giving experience



Photo by Lynnly Labovitz.
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patient permission.

Inquiring About and Responding to Lifetime Trauma

Why inquire about and respond to lifetime trauma?

- Transform the outcomes of care and the care giving experience
- This is especially true for patients with conditions that you may find frustrating or intractable



Photo by Lynnly Labovitz.
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patient permission.

Inquiring About Lifetime Trauma

- 1 Assume trauma history and provide universal education
- 2 Explore through informal conversation
- 3 Use a structured tool
- 4 Screen for impacts of past trauma

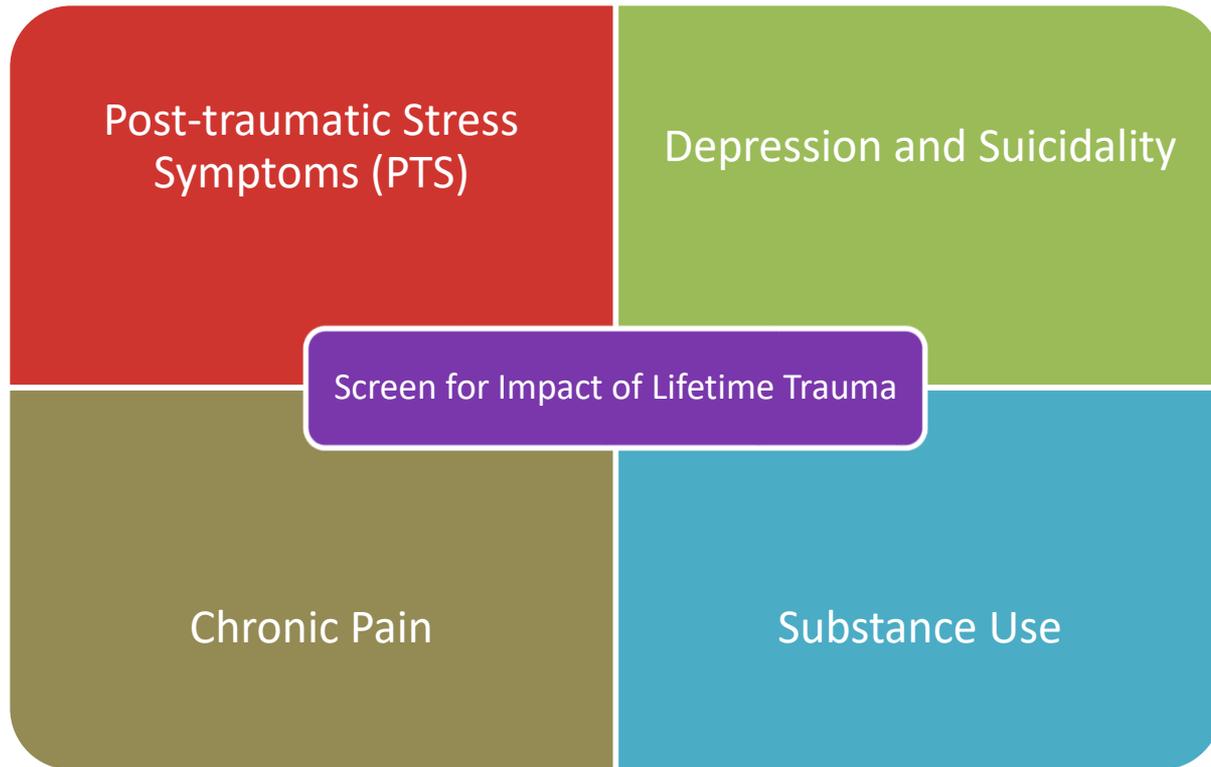
Scripts for Inquiring about Lifetime Trauma

Assume trauma history
and provide universal
education

"I'm talking to all of my patients about how difficult life experiences can impact physical and emotional health. If you've had difficult life experiences as an adult or as a child, there are many ways to heal from them. Here are some of the things we offer at our clinic . . . We also have connections to outside resources that provide help. Please let me know anytime whether you would like more information about any of these services."

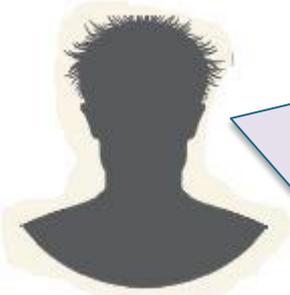


Inquiring About Lifetime Trauma

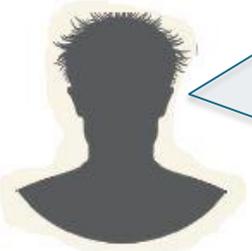


Inquiring About Lifetime Trauma

Explore through
informal conversation



"I am so sorry that happened to you. Past traumas can sometimes continue to affect our health. If you would like, we can talk more about services that are available that can help."



"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

Inquiring About Lifetime Trauma

Use a structured
tool

Link to trauma screening
tools:

<https://www.ptsd.va.gov/professional/assessment/te-measures/index.asp>

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score rs tbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Responding Lifetime Trauma

Immediate response:

“Past traumas can sometimes continue to affect our lives and health. Do you feel like this experience continues to affect your health or wellbeing? I know of a number of available services if you would like help coping with having had that experience.”



“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.”



Responding to Lifetime Trauma

A deeper impact:

Trauma-specific interventions include:

1. Individual and/or group therapies that help patients to manage trauma symptoms, process traumatic experiences, and reduce isolation
2. Trauma-informed somatic interventions like mindfulness, yoga, somatic experiencing, and acupuncture
3. Medicines to reduce post-traumatic symptoms like insomnia, anxiety, and depression

Conclusion

- It's possible to heal from even the deepest wounds of trauma and gradually adopt healthier coping strategies
- Inquiring about trauma and providing linkages to trauma-specific services
 - ➔ more satisfying and effective relationships for both patients and providers



Developing Trauma-Informed Health Care Setting

- September 20, 2018
- 3:00-4:30pm ET

Thank You

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www.samhsa.gov

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