

How ACE Screening, Toxic Stress Treatment, and Trauma-Informed Care Work Together

Your clinic can become more trauma-informed, one step at a time

We screen for Adverse Childhood Experiences (ACEs) to help determine our patients' risk for toxic stress and to prevent and more specifically, treat ACE-Associated Health Conditions by addressing the root cause — the prolonged activation of the stress response. Through screening and responding with evidence-based interventions to address toxic stress, we are recognizing that people's biology, environments, relationships, and lived experiences affect their health.

Studies on ACE screening feasibility report high patient acceptance of screening and low levels of patient rejection.¹ However, based on experiences of addressing sensitive topics through screening and counseling (e.g.,intimate partner violence, HIV, pregnancy) and recognizing the similarly sensitive nature of ACE screening, we should anticipate and prepare for a range of emotional reactions among patients. This is also true for clinicians and staff as they reflect on and revisit parts of their lived experiences. These emotions can range from sadness or anger to feeling grateful about making the connections between ACEs, toxic stress, their current and future health, and receiving appropriate care.



Therefore, it is important to interact with patients and others in the clinical setting with an awareness of these factors — and to be compassionate, patient-centered, and create a space where all patients and their families feel emotionally and physically safe and supported. Adopting trauma-informed approaches to care can help create a more welcoming environment for patients, their families, and your staff.

Becoming trauma-informed: A journey

The premise of trauma-informed care is to assess and modify services to include a basic understanding of how trauma impacts the life of a patient.² Applications in practice demonstrate that adopting and sustaining trauma-informed care requires that an organization also pay attention to how these same principles are applied to understanding and supporting staff.³

It is important to understand that becoming more trauma-informed as an organization is a journey, not a quick adjustment. It is a process with the ultimate goal of integrating trauma-informed care approaches into an organization's overall culture, practice, and standards of care.

Applying a trauma-informed approach

Numerous models support organizations in applying traumainformed approaches. ACEs Aware offers a framework and key <u>principles for a trauma-informed approach</u> to ACE screening and toxic stress treatment based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) guidance, recognizing that the journey may look different for each organization.



A clinic does not have to "be" trauma-informed before beginning to screen patients for ACEs and implement toxic stress treatment. Working on developing an ACE screening initiative and learning how to integrate trauma-informed care can occur simultaneously. In fact, preparing for and implementing ACE screening and toxic stress treatment can be an effective early step in helping to move an organization towards a more trauma-informed approach to care.

What is trauma-informed care?

The term "trauma" in trauma-informed care is defined broadly by SAMHSA as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Trauma-informed care seeks to improve health outcomes of patients with histories of adverse experiences and create healthier work environments for clinicians and their teams.

A trauma-informed approach to clinical care includes the following:

- "A foundation grounded in trauma-informed principles and a team approach
- · An environment that is calm, safe, and empowering
- Education about the impacts of current and past trauma and other adversities on health
- Inquiry about and response to recent and past trauma that includes onsite or community-based resources and treatments"⁵



Principles of trauma-informed care

The following key principles of trauma-informed care can serve as a guide for clinicians and staff:

- 1. Establish the physical and emotional safety of patients and staff
- 2. Build trust between clinicians and patients
- Recognize the signs and symptoms of trauma exposure on physical and mental health
- 4. Promote patient-centered, evidence-based care
- Ensure clinician and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
- 6. Provide care that is sensitive to the patient's racial, ethnic, and cultural background, and gender identity

Source: ACEs Aware. Adapted from the Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville, MD: US Department of Health and Human Services, 2014.

Benefits of a trauma-informed approach

Taking a trauma-informed approach to care can improve the health and well-being of patients.⁶ It equips clinicians with knowledge about the signs and symptoms of a dysregulated stress response due to toxic stress so that they are able to respond with the appropriate care (e.g., employing trauma-informed principles) and evidence-based interventions to help regulate the biological stress response.



A trauma-informed approach to care creates a supportive and sustainable screening environment in which clinicians and staff can stay healthy and do this fulfilling and sometimes challenging work.⁷ It encourages the clinical team to recognize when their own stress response is activated and how to regulate it (e.g., through self- and team-care). This approach also calls for establishing physical spaces that make patients, clinicians, and staff feel safe and supported.

In addition, trauma-informed care supports the building of collaborative care networks in communities that are focused on prevention, integration of behavioral health, case management, and care coordination services.⁸

Trauma-informed care for staff

We hear a lot about trauma-informed care as it relates to patients. However, being trauma-informed also supports more resilient clinics and organizations. For example, a trauma-informed and resilient organization includes leaders and staff who have the language and skills to have difficult conversations, offer constructive feedback, hold each other accountable, and build trust.

Source: ACEs Aware. Assessing Readiness & Building Resilience in the Clinical Workforce: A Foundation for ACE Screening Integration Webinar, Sept 30, 2020.



Steps to becoming more trauma-informed

While a practice-wide approach to becoming more trauma-informed may be valuable for some, being totally "transformed" is not essential for beginning ACE screening and toxic stress treatment. In fact, implementing ACE screening to identify risk of toxic stress can help organizations understand the benefits of trauma-informed approaches to care on a smaller scale and can encourage broader adoption of trauma-informed approaches from the ground up.

Becoming more trauma-informed and communicating and interacting in more trauma-informed ways with patients and staff can start with you and others in your clinic. Education and training are a key first step, and there are many resources available, including online trainings and webinars.

In addition, there are many small changes you can make to support more trauma-informed experiences at your clinic, including:9

- Creating calm waiting areas and exam spaces that are safe and welcoming
- Providing a private setting for completing ACE screening when possible
- Respecting patient privacy in all interactions
- Employing motivational interviewing and empathic communication skills to support clinician and patient collaboration
- Providing clear information about the purpose of ACE screening and how it will inform the clinician's assessment and treatment strategies
- Ensuring informed consent
- Asking patients if there is anything their clinician needs to know to make their upcoming visit more comfortable
- Displaying messages and information in multiple languages



Getting started on your journey

The process of adopting any new clinical practice often starts small — with individual people trying to make a difference. While implementing trauma-informed approaches to patient care represents an important shift in the way care is being delivered, it is a process and a journey that will take time. To start, you can focus on your screening implementation team and work to incrementally educate and engage others in your organization. Creating the structure and environment for ACE screening and toxic stress treatment can be a mechanism by which your clinic begins to move towards more trauma-informed approaches to care.





Endnotes

- 1 Kia-Keating M, Barnett ML, Liu SR, Sims GM, Ruth AB. Trauma-responsive care in a pediatric setting: Feasibility and acceptability of screening for Adverse Childhood Experiences. *American Journal of Community Psychology* 2019; **64**(3-4): 286-97; Conn A-M, Szilagyi MA, Jee SH, Manly JT, Briggs R, Szilagyi PG. Parental perspectives of screening for Adverse Childhood Experiences in pediatric primary care. *Families, Systems, & Health* 2018; **36**(1): 62-72; Goldstein E, Athale N, Sciolla AF, Catz SL. Patient preferences for discussing childhood trauma in primary care. *The Permanente Journal* 2017; **21**: 16-055.
- 2 Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014; Raja S, Hasnain M, Hoersch M, Gove-Yin S,Rajagopalan C, Kruthoff M. Trauma Informed Care in Medicine: Current Knowledge and Future Research Directions. *Family and Community Health* 2015; **38**(3): 216-26.
- 3 Raja S, Hasnain M, Hoersch M, Gove-Yin S,Rajagopalan C, Kruthoff M. Trauma Informed Care in Medicine: Current Knowledge and Future Research Directions. *Family and Community Health* 2015; **38**(3): 216-26.
- 4 Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.
- 5 Machtinger EL, Davis KB, Kimberg LS, et al. From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care, Women's Health Issues, 2018. https://www.whijournal.com/article/S1049-3867(18)30550-4/fulltext.
- 6 Roberts SJ, Chandler GE, Kalmakis K. A model for trauma-informed primary care. *J Am Assoc Nurse Pract* 2019 Feb; **31**(2): 139-144. doi: 10.1097/JXX.00000000000116.
- 7 Handran J. Trauma-informed systems of care: The role of organizational culture in the development of burnout, secondary traumatic stress, and compassion satisfaction. Journal of Social Welfare and Human Rights 2015; 3(2): 1-22.
- 8 Godoy L, Hodgkinson S, Robertson HA, et al. Increasing mental health engagement from primary care: The potential role of family navigation. *Pediatrics* 2019; **143**(4): e20182418; Tomoaia-Cotisel A, Farrell TW, Solberg LI, et al. Implementation of care management: An analysis of recent AHRQ research. *Medical Care Research and Review* 2018; **75**(1): 46-65; Knickman J, Krishnan R, Pincus H. Improving access to effective care for people with mental health and substance use disorders. *JAMA* 2016; **316**(16): 1647-8.
- 9 List informed by c:linicians conducting ACE screening and Center for Health Care Strategies. Issue Brief: Key Ingredients for Successful Trauma-Informed Care Implementation, 2016. https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-im-plementation/; Hamberger LK, Barry C, Franco Z. Implementing Trauma-Informed Care in Primary Medical Settings: Evidence-Based Rationale and Approaches. *Journal of Aggression, Maltreatment & Trauma* 2019; **28**:4, 425-444, DOI: 10.1080/10926771.2019.1572399.



References

ACEs Aware. Assessing Readiness & Building Resilience in the Clinical Workforce: A Foundation for ACE Screening Integration Webinar, Sept 30, 2020. https://www.acesaware.org/events/assessing-readiness-building-resilience-in-the-clinical-workforce-a-foundation-for-ace-screening-integration/.

ACEs Aware. Trauma-Informed Care Overview fact sheet, 2020. https://www.acesaware.org/wp-content/uploads/2020/05/Provider-Toolkit-Trauma-Informed-Care-Overview.pdf.

Center for Health Care Strategies. Implementing Trauma-Informed Care into Organizational Culture and Practice Webinar, Oct 30, 2017. https://www.chcs.org/resource/implementing-trauma-informed-care-organizational-culture-practice/.

Center for Health Care Strategies. Laying the Groundwork for Trauma-Informed Care, 2018. https://www.traumainformedcare.chcs.org/resource/laying-the-groundwork-for-trauma-informed-care/.

Center for Health Care Strategies. Key Ingredients for Trauma Informed Care, 2017. https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Fact-Sheet-Key-Ingredients-for-TIC.pdf.

Center for Health Care Strategies. Trauma-Informed Care Implementation Resource Center. Trauma-Informed Care Champions: From Treaters to Healers. https://www.traumainformedcare.chcs.org/trauma-informed-champions-from-treaters-to-healers/ (accessed Jan 27, 2021).

Center for Community Health and Evaluation. Screening for adverse childhood experiences (ACEs) in pediatric practices, 2019. https://www.kpwashingtonresearch.org/application/files/8215/7687/2495/CCHE_ACEs_Screening_Lessons.pdf.

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

The National Council for Behavioral Health. Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care, 2017. https://www.thenationalcouncil.org/wp-content/uploads/2019/12/FosteringResilienceChangePackage_Final.pdf?daf=375ateTbd56.

May 2021