Mr. T is a 62 yo with DM, HTN, s/p MI 3 weeks ago, presenting for post hospitalization follow up and re-engagement in care. His last visit to the practice was 3 years ago. A brief review of the EHR shows the patient engages with the practice regularly for 6 months to a year, then is 'lost to follow-up' for one to 3 years, re-engaging care after hospitalizations (twice for DKA, once for hypertensive crisis, prior to his recent MI). He has a remote history of cocaine use disorder in his mid-20's to 30's after an honorable military discharge following several tours of duty. He runs his own home repair business with his adult children. What in his history suggests possible trauma?

A. Prior military service

B. Inconsistent pattern of care

C. History of cocaine use disorder

D. All the above

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What is Trauma?

- Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness
- 70% of adults in the U.S. have experienced at least 1 traumatic event
- Over 90% of patients receiving publicly-supported behavioral health have experienced trauma
- Trauma is a risk factor in nearly all behavioral health and SUD
- Inconsistent patterns of clinical care may be associated with trauma
- Current and past trauma is common in patients with SUD

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Adverse Childhood Experiences (ACEs)

- ACEs are defined as potentially traumatic events that occur in childhood (0-17 years)
- ACEs are common
- ACEs impact gender, ethnic and racial groups differently
- ACEs are costly

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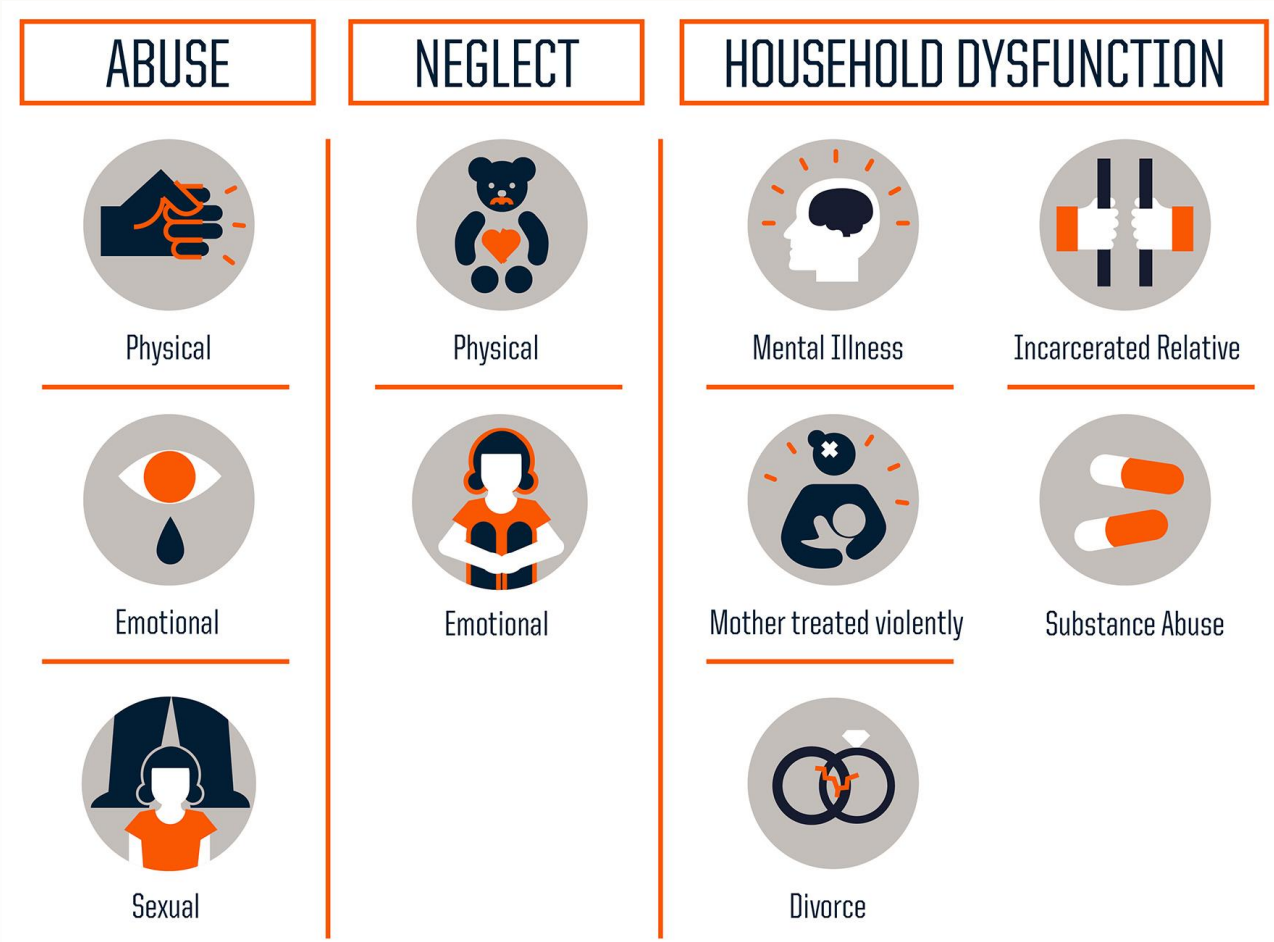
Adverse Childhood Experiences (ACEs)

The Truth About Aces Infographic



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What is the Relationship of ACEs to Substance Use and Related Behavioral Health Problems?

- Early initiation of drinking and illicit drug use
- Higher risk of mental and substance use disorders as an older adult
- Continued nicotine use during adulthood
- Prescription drug use
- Increased risk of attempted suicide
- Lifetime depressive episodes, sleep disturbances, high-risk sexual behaviors all show a graded, dose response effect with ACEs

Ms. A is a 31 yo with anxiety and insomnia presenting with recurrent UTI signs and symptoms. This is her 3rd urgent/walk in visit in the last 4 months for the same complaints, which were previously treated empirically with SMP/TMX then ciprofloxacin. On reviewing her history in the EHR, you notice Ms. A's last counseling note from the therapist recently integrated into the practice's care team, mentions a history of childhood sexual abuse and current emotionally abusive partner, as well as ongoing cannabis use since the patient's mid teens. Also noted is a strong and supportive relationship with her older sister. She is also overdue a well woman exam. As you are taking the patient's HPI with her today for this urgent care visit, she denies fever, chills, nausea and vomiting, but declines to answer questions about recent sexual activity, stating that she knows to void after intercourse and that she has no abnormal vaginal discharge. During the physical exam she agrees to palpation of her abdomen including suprapubic area, which is tender, and back which reveals no CVAT. She adamantly refuses a GYN exam now or scheduling a future well woman visit. She is reluctant to provide a urine specimen as she is worried you will send it for a urine drug screen as well, the results of which could jeopardize her job.

Which of the following is NOT consistent with providing trauma-informed care to Ms. A?

A. Send urine specimen, which she is willing to give when reassured that you are only requesting tests needed to check for infection.

B. Ask Ms. A if she'd reconsider scheduling her needed well woman exam if her sister could be with her to provide support.

C. Tell Ms. A firmly but kindly that it is unethical for you to continue to treat her symptoms with antibiotics without needed tests and exams, so she should look for another practice/provider if she won't comply.

D. Affirm Ms. A's commitment to her health in seeking care for her current problem and in working with the therapist.

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Trauma Informed Care: Avoiding Re-Traumatization

- Respect patient autonomy
  - Ensuring the patient retains control of their narrative and body
- Support patient empowerment through
  - Encouraging the patient to be a full participant in their healthcare

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Providing Trauma-informed Care

- Shifting the paradigm from “what is wrong with you?” to “what happened to you?”
- Understand the life situations that may be contributing to the patient’s current problems
  - Many problems may be related to traumatic life experiences
- Triggers –
  - Situations that are reminders of the people, places or things involved in their traumatic events
  - May cause a person to relive the trauma and view the healthcare setting as a source of distress
- Trauma-informed care is most effective when implemented practice-wide, not patient or provider specific

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SAMHSA's Six Key Principles of a Trauma-Informed Approach

Safety	Create calm waiting areas and exam spaces that are safe and welcoming
Trustworthiness and Transparency	Provide clear information on services
Peer Support	Include peer supporters in health team as navigators
Collaboration and Mutuality	Give patients a significant role in planning and evaluating services
Empowerment, Voice and Choice	Provide clear and appropriate messages about patients' rights, responsibilities, and service options
Cultural, Historical, and Gender Issues	Provide gender responsive services; display messages in multiple languages

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Trauma-informed Clinical Practices:

- Involve patients in the treatment process
- Train staff in trauma-specific treatment approaches
- Screen for trauma
  - At a minimum, ask patients routinely about whether they have experienced any trauma
- Engage referral sources/partnering organizations to learn how they respond to the needs of patients who have experience trauma
- Use QR code to find out more on Trauma-Informed Care

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Evidence-based PTSD screening instrument

ID # _____

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?

   YES NO

2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

   YES NO

3. been constantly on guard, watchful, or easily startled?

   YES NO

4. felt numb or detached from people, activities, or your surroundings?

   YES NO

5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

   YES NO

Mrs. C is a seventy-six-year-old longstanding patient of yours with well controlled hypertension presenting for routine follow up and a flu vaccine. Recently the practice has implemented a PTSD screen as part of the intake process, and the medical assistant has flagged this patient's screen as positive in the electronic health record. In discussing the positive screen with Mrs. C, you are surprised to hear about a traumatic event now almost two decades past, that has had a long- lasting impact on her sleep and independence, which she has not felt was something to bring up at a medical visit. The incident happened at a gas station one evening as she was traveling between Houston and McAllen which she often did for work before retirement. She was assaulted and robbed at gunpoint and since then has had sleep issues and has her spouse do the refueling of all their vehicles as she panics pulling into gas stations. As her spouse is a few years older than her with several chronic health conditions, Mrs. C is worried about what will happen if he passes first in terms of her independence and mobility. She is grateful, as are you, for the opportunity to address her concerns this visit.

Which of the following statements does NOT represent an empathetic, validating response to Mrs. C's trauma disclosure?

A. "I'm sorry that that happened to you; no one has the right to assault another person"

B. "I'm surprised you're not over that by now. That's definitely a problem."

C. "No one should have to face such an upsetting and scary situation."

D. "We know that there is a direct relationship between this type of experience and a person's physical health; have you ever had a chance to explore this?"