Change Concept 4: Identify and Respond to Trauma Among Patients

Identifying and responding to different types of trauma requires a thoughtful approach tailored to the different experiences and needs of individual patients. Establishing patient trust and safety are critical to support disclosure and acceptance of trauma-related resources. Efforts to create safe environments, as described in Change Concept 1: Help All Individuals Feel Safety, Security and Trust, will facilitate more therapeutic and satisfying patient-provider relationships, which, in themselves, can be healing.

While disclosures of life-threatening situations require immediate response, disclosures of past trauma do not typically require an immediate intervention beyond a statement of empathy and an offer to talk more over time about its impact and available resources to address it. The process of trauma education, inquiry and response can help patients and providers better understand how trauma can lead to maladaptive coping behaviors, like substance misuse or overeating, and how those behaviors may negatively impact health and wellness.[67] Ultimately, this understanding can lead to more satisfying and effective experiences of care for both patients and providers.

Action Steps

- ❑ Prepare for trauma inquiry and response.
- ❑ Inquire for and respond to recent trauma requiring immediate intervention.
- ❑ Conduct inquiry for trauma.
- ❑ Respond to trauma disclosures.

Implementation Tools

- Education, Inquiry and Response Pathway Visual
- Partnership Assessment Tool
- Script Templates for Trauma-Informed Inquiry
- Devereux Resilience Scale
- Psychoeducational Tools
  - What do I say? Talking About What Happened with Others
  - Helping my Child Cope: What Parents Can Do
  - Video: What is Trauma-Informed Care?
  - 10 Key Ingredients for Trauma-Informed Care
  - Encouraging Staff Wellness in Trauma-Informed Organizations
  - Resources from Echo
- Template Psychoeducational Materials

Change Concept 4 Goals

1. Patients have the opportunity to disclose and discuss the presence of significant past and current traumatic life events.
2. Patients have opportunities to further assess (explore and discuss) in greater detail the impact of traumatic life events on their overall health and well-being.
3. Our primary care service team offers patients trauma-related services in a timely manner, when needed.
4. Our primary care service team collaborates with treatment provider to coordinate services for patients, when needed.
5. Processes related to identifying and responding to trauma are culturally and linguistically appropriate.
6. Our primary care service team develops service plans that build on patient strengths and address physical and emotional wellness.

[67] Machtinger, E. L., Davis, K. B., Kimberg, L. S., Khanna, N., Cuca, Y. P., Dawson-Rose, C., . . . McCaw, B. (2019). From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care. Women's Health Issues, 29(2), 97-102.

PREPARE FOR TRAUMA INQUIRY AND RESPONSE

There are several steps to prepare to conduct trauma inquiry and response. These include:

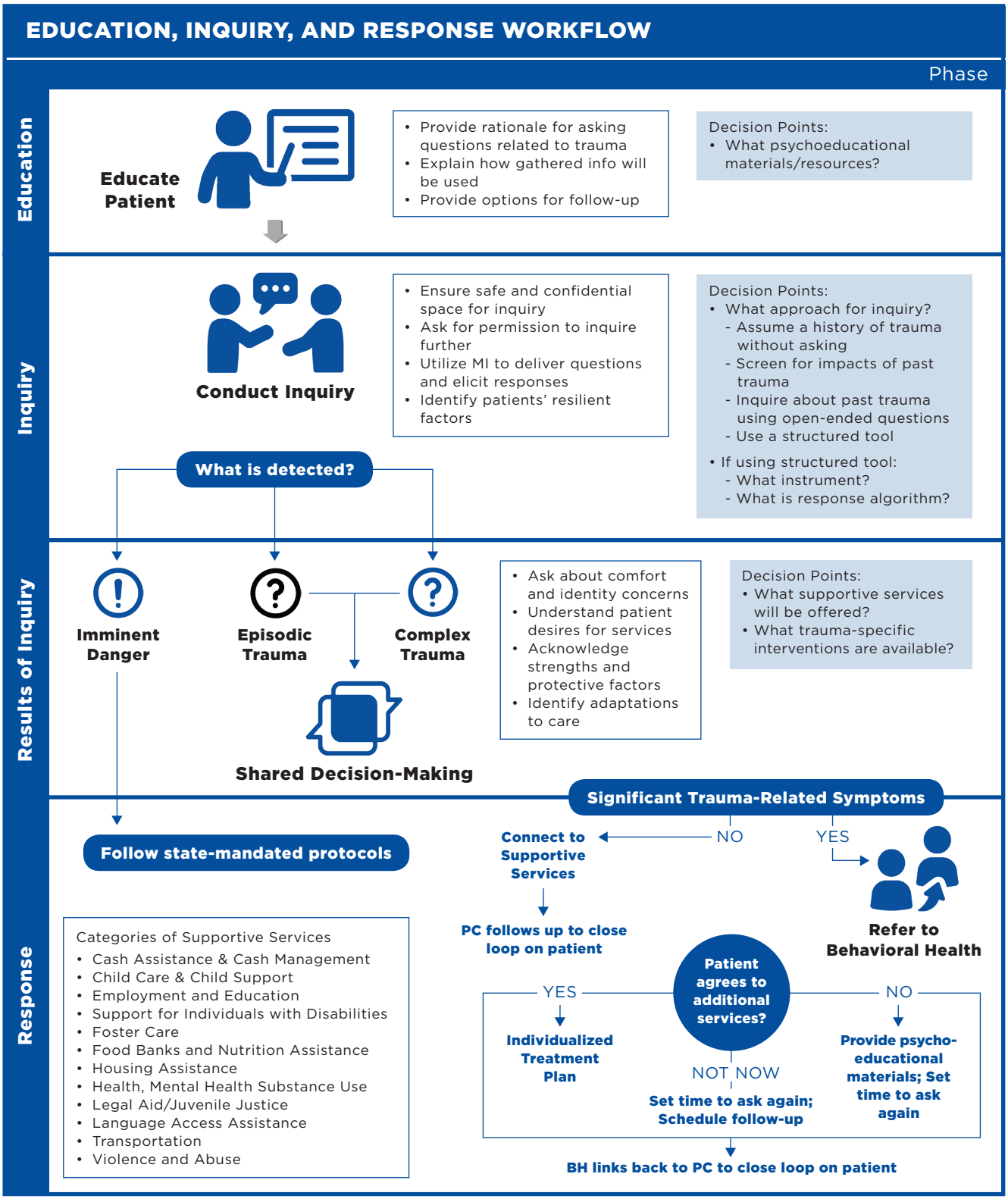
- Establish policies and clinical pathways for identifying and responding to trauma.
- Develop an adequate referral network.
- Provide education to patients about the connection between trauma and health.
- Build staff capacity to conduct trauma inquiry and response.
- Prevent retraumatization among patients.

Many primary care providers transitioning to a trauma-informed approach have concerns about providing an adequate response when patients disclose experiences of trauma. It is common to hesitate to conduct inquiries about trauma as providers often do not feel that they have the tools and resources necessary to help individuals in need. Engaging in a conversation with a patient about trauma is similar to the way primary care providers approach other types of conditions. It is helpful to understand that while there are different types of trauma that necessitate different types of responses from providers, you can adequately serve most patients through a longer-term engagement with primary care and other health care professionals.

Establish Policies and Clinical Pathways for Trauma Inquiry and Response

Establishing policies and clinical pathways related to trauma education, inquiry and response is a necessary step to develop and sustain a trauma-informed practice. Policies and pathways clarify an inquiry and response workflow comprised of the selected approach for inquiry, the agreed upon algorithm for response and the appropriate roles and responsibilities for each staff member. Create an overarching policy to ensure identifying and responding to trauma is a routine part of medical care.

Figure 1. Example Response Pathways for Organizations — Education, Inquiry and Response in Primary Care Pathway



Case Study:
Zufall Health

Zufall Health hired a psychiatric nurse practitioner who performs psychiatric evaluations for patients identified by primary care providers. They have developed a workflow for when a patient shows strong indicators that they are in crisis and introduced a trauma-screening tool implemented with assistance from the director of behavioral health. The screening tool is used on a subset of the patient population to pilot best practices and pathways before implementing them more broadly.

Develop an Adequate Referral Network

The CIT should facilitate assessment of available community resources to better understand where to refer patients for trauma-related services (for example, mental health, substance use and shelter) not available in your clinic or that require a deeper level of engagement or expertise. Developing relationships and referral agreements with community partners will facilitate successful referrals and collaborative care for the patient. When possible, refer patients to providers that are trauma-informed and have experience working with individuals with trauma histories. When a patient receives a referral to an external provider, it is important for the primary care provider to take steps to ensure the referral is successful.

Community-based Referral Network Checklist

- ❑ National hotlines for domestic violence, sexual assault and suicide prevention
- ❑ Community domestic violence services
- ❑ Rape and sexual assault crisis services
- ❑ Community behavioral health and substance use disorder services
- ❑ Recovery community organizations and resources
- ❑ Food banks and nutrition assistance agencies
- ❑ Housing assistance agencies
- ❑ Language access assistance
- ❑ Local welfare office(s)
- ❑ Legal services
- ❑ Parenting classes
- ❑ Education and employment supports
- ❑ Supports for populations with unique needs (e.g., members of the LGBTQ community, people with HIV, people with disabilities, people who are immigrants)

Provide Patient Education on Trauma

Patient education provides a foundation for inquiry, prompts a patient-initiated conversation and disclosure and gives the provider additional information about a patient's history. Provide information on trauma through posters, videos, pamphlets, resource cards and conversations. See Change Concept 1: Help All Individuals Feel Safety, Security and Trust for more information on patient education.

Patient Education Checklist

- ❑ Provide rationale for talking with the patient about trauma.
- ❑ Share information about the impact of trauma on health conditions.
- ❑ Receive permission from the patient prior to asking about trauma.
- ❑ Explain to patients how you will use information gathered during the inquiry process.
- ❑ If the patient declines to participate, explain that you can talk about trauma any time in the future when the patient feels comfortable.

Build Staff Capacity to Conduct Inquiry and Response

In addition to the trainings identified in Change Concept 2: Develop a Trauma-Informed Workforce, staff who will be conducting inquiry should receive training to build capacity to conduct inquiry. Motivational interviewing and shared decision-making are two strengths-based clinical tools to use during patient encounters involving trauma. Motivational interviewing is an evidence-based approach that helps people living with trauma, mental illness, addictions and other chronic conditions make positive behavioral changes to support their overall health. It is based on four fundamental processes (engaging, focusing, evoking and planning) and provides a framework for creating a dialogue about behavior change. Shared decision-making enforces patients' voice and choice and enhances patients' care experience and access to care.

Prevent Retraumatization Among Patients

Historically, clinics have been a source of trauma for some patients. Clinics can be reactive, defensive, stressful and fragmented and can actually be traumatizing for both patients and staff. A trauma-informed approach helps clinics move from being potentially traumatizing to reducing trauma. There are a number of ways to help keep the process of trauma inquiry and response from being inadvertently traumatizing, including implementing the action steps in Change Concept 1: Help All Individuals Feel Safety, Security and Trust. Regardless of the methods chosen to conduct inquiry, providers can take steps to prevent retraumatizing patients.

"Retraumatization"

Reliving stress reactions experienced as a result of a traumatic event when faced with a new, similar incident. (Substance Abuse and Mental Health Services Administration, 2017)

Quick Tips for Preventing Retraumatization[68]

- Approach the patient in a matter of fact, yet supportive manner.
- Respect the patient's personal space.
- Adjust the tone and volume of speech to suit the patient's level of engagement and comfort.
- Provide culturally appropriate symbols of safety in the physical environment.
- Be aware of your own emotional response to hearing a patient's trauma history.
- Elicit only the information necessary to determine a history of trauma.
- Overcome linguistic barriers by using professional interpreters.
- Give the patient as much personal control as possible during the assessment.
- Avoid phrases that imply judgment about the trauma.
- Provide feedback about the results of the inquiry and/or screening.

INQUIRE FOR AND RESPOND TO RECENT TRAUMA REQUIRING IMMEDIATE INTERVENTION

Your patients' immediate safety is the top priority. It is essential that practices are prepared to address specific experiences of trauma including current abuse or violence, intimate partner violence (IPV), suicidal ideation and homicidal ideation. These situations require immediate assistance and compliance with mandated reporting laws (where applicable). An appropriate response when a patient discloses such an experience is to affirm that they do not deserve that treatment, express concern for the patient's safety, explain that there are many helpful resources and follow mandated protocols while the patient is still onsite. You may offer a warm handoff to behavioral health staff or to a local agency providing specific services for their immediate needs.

Intimate Partner Violence (IPV)

IPV is a common form of trauma. Generally, inquiring about IPV is part of history taking, intake or done with standardized screening tools, but regardless of the method it should be always be in private. If there are language barriers, use professional (not family) interpreters should always, if necessary. A domestic violence hotline, for example the National Domestic Violence Hotline, can provide emotional support, safety planning, assess for lethality risk and provide resources such as shelter or legal assistance. Many resources and tools are available to help clinics provide or link to more robust IPV services, including IPV Health.

[68] SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. U.S. Department of Health and Human Services Publication No. (SMA) 14-4884. Trauma-Informed Community Initiative of Western New York. (2017). Retrieved from http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/community-partnerships-initiatives/trauma-informed-community-initiative.html

CONDUCT INQUIRY FOR TRAUMA

After preparing the clinical pathway and training staff, integrate inquiry for trauma into all appointments. Throughout this section, refer to sample scripts at each step. Figure 2, from Machtinger and colleagues, describes four approaches to trauma inquiry.[69] Determine which approach best fits the needs of your patient population and is most appropriate for your level of integration.

Figure 2. Four Approaches to Trauma Inquiry[70]

OPTION 1
Assume a History of Trauma Without Asking
Referrals can be offered to onsite or community-based interventions that address experiences and consequences of past trauma regardless of whether a patient chooses to disclose their trauma history.

OPTION 2
Screen for the Impacts of Past Trauma Instead of for the Trauma Itself
Common conditions highly correlated with trauma, such as anxiety, depression, posttraumatic stress disorder, chronic pain and substance use disorders, can be more effectively addressed when services are trauma-informed and offer evidence-based trauma-specific interventions.

OPTION 3
Inquire About Past Trauma Using Open-ended Questions
Open-ended questions about past trauma sensitively included in a routine history allow patients to disclose any form of trauma they feel is relevant to their health and well-being.

OPTION 4
Use a Structured Tool to Explore Past Traumatic Experiences
Multiple validated scales exist to screen for past trauma. Carefully consider why, when, how and by whom it will be administered, as well as who will have access to the information.

[69] Machtinger, E. L., Davis, K. B., Kimberg, L. S., Khanna, N., Cuca, Y. P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues*, 29(2), 97-102.
[70] Ibid.

Option 1: Assume a history of trauma without asking
Approach all patients using a "trauma lens" that assumes difficult life experiences may have contributed to current illnesses and coping behaviors and educate all your patients about the connection between trauma and physical and emotional health. Regardless of whether or not a patient chooses to disclose their trauma history, offer referrals to onsite or community-based interventions that address experiences and consequences of trauma.

Option 2: Screen for the impacts of past trauma instead of the trauma itself
Another promising way to inquire about trauma that does not require that patients describe details of traumatic experiences is to screen for symptoms of common conditions that are highly correlated with traumatic experiences, such as anxiety, PTSD, depression and suicidality, substance use disorder, chronic pain and morbid obesity.[71] These conditions are often "markers" for trauma and are also often highly stigmatized. A patient experiencing any of these conditions would benefit greatly from having them addressed in a nonjudgmental, compassionate and trauma-informed manner. Treatments for these conditions will be more effective when combined with referrals to onsite or community-based services that are trauma–informed and offer evidence-based trauma-specific interventions.

Option 3: Inquire about trauma using open-ended questions
In contrast to structured tools, open-ended questions included in routine history-taking allow patients to disclose any form of trauma they feel is relevant to their well-being. An example open-ended script follows.

Sample Script

"Difficult life experiences, like growing up in a family where you were hurt or there was mental illness, drug or alcohol issues, or witnessing violence can affect our health. How do you think your past experiences have affected your physical or emotional health? Trauma can continue to affect our health. If you would like, we can talk more about services that are available that can help."

It is important for providers to know that there are many different types of traumatic experiences that may have had a significant impact on patients' health including childhood and adult physical and sexual abuse; bullying; community violence; war; serious accidents or illnesses; structural violence such as racism, xenophobia, homophobia, transphobia and sexism; and experiences in the foster care, criminal justice or immigration systems.

[71] U.S. Department of Veterans Affairs. (2019). National Center for PTSD. Retrieved from https://www.ptsd.va.gov/

Option 4: Use a structured tool to explore past traumatic experiences

When using a structured screening tool or process, carefully consider when, how and who will administer it, as well as who will have access to the information. Some clinics use a pre-visit screening tool administered via electronic tablet, paper or small dry-erase board. In other settings, non-clinical staff administer the tool or medical providers conduct the standardized screening in the exam room. Regardless of the tool you use and how you administer it, it is essential for the patient to have the opportunity to discuss their responses with the provider in private. The National Center for PTSD website houses multiple validated scales exist to screen for past trauma. The Adverse Childhood Experiences (ACEs) Questionnaire was designed as a research instrument to measure the rate of childhood trauma in a clinic population. Since the original ACE Study, the questionnaire has been adapted for different populations. Researchers are actively investigating the clinical benefits of screening for ACEs using the questionnaire in adult primary care.

The approach to trauma inquiry you choose depends on the resources, expertise and patient population of individual providers and practices. It is important to note that for patients who have experienced severe and/or cumulative trauma (i.e., complex trauma, see Table 10) and are experiencing negative physical or emotional health consequences, it will be helpful for the provider or behavioral health clinician to know the general nature of their traumatic experiences (e.g., childhood sexual abuse, abusive parents with serious mental illness, combat-related exposure) to make the most effective referrals to trauma-specific treatments.

Validated Scales to for Past Trauma and PTSD in Primary Care Settings

- Staying Healthy Assessment Questionnaires. Catalog of screening tools for a range of ages in multiple languages from the California Department of Health Care Services.
- National Center for PTSD. Compilation of training materials and tools for assessing PTSD and trauma from the U.S. Department of Veterans Affairs.

Case Study:
Malama I Ke Ola

Malama I Ke Ola increased their clinic's level of cultural humility by collaborating with community health workers who assist them with interpreting and liaising with patients as needed. They also reframed the way they discuss health concerns and trauma with patients, including altering some of the language used in their health history forms and including questions focused on social determinants of health such as housing and food.

Key Considerations for Selecting a Tool

- What is the purpose of the tool? Is it used to facilitate case decision-making or to inform clinical practice?
- What type of research was conducted on the tool? Does it have established reliability, validity and norms?
- What are the budget and the cost for the tool?
- How are data from the measure scored and stored? Do you need to work with information technology to create a system that stores the information gathered? Are you able to provide feedback to the caseworker or clinician in an efficient and timely manner?
- How is the information shared? Are you able to share the information across primary care and behavioral health systems?
- What staff do you have available to administer the tool? What is their level of education and experience? How much extra time is involved in completing a screening and using the information for case and/or treatment planning purposes?
- Does the tool track change over time and allow you to see if the patient has improved?
- Can the tool be adapted to meet the needs of unique populations?

Identify Patients' Resilience Factors

In addition to inquiring about trauma, it is important for providers to identify patients' positive strengths and resilient factors. Similar to inquiring about trauma, providers can use conversational and open-ended questions in addition to formalized instruments to inquire about resiliency. While "resiliency" is a term commonly used by practitioners and researchers, providers should use language that is culturally responsive and will resonate with patients. When conducting inquiry with patients it is important to not only ask about challenges that might be affecting their lives, but also about the positive supports they have or the ways they have successfully coped in the past. An example of a formalized instrument that could be used to inquire about resiliency is the Devereux Resilience Scale and the Connor-Davidson Resiliency Scale (CD-RISC), which is available in two, 10 or 25-item versions.

Sample Script

"In the past, which of your strengths have you relied on to 'bounce back' after difficult experiences?"

Plan to Respond to Different Types of Trauma

It is helpful to understand that different types of trauma require different responses from providers. Patients who have experienced interpersonal, intimate partner or domestic violence; show signs of suicidal ideation; or are otherwise at risk of harm to themselves or others require an immediate response from providers. However, most patients who present with a history of trauma will not need immediate assistance and are adequately served with a longer-term engagement with primary care and other professionals. Table 10 provides recommended responses to different types of trauma.

Table 10. Response to Trauma Disclosures

Type of Trauma	Examples	Response
Experiences of Trauma Requiring Immediate Intervention	• Interpersonal violence, intimate partner violence or domestic violence. • Suicidal and homicidal ideation.	• Connect to appropriate resources. • Comply with mandated reporting laws (where applicable). • Shared decision-making is key to responding to the patient.
Experiences of Trauma	• Episodic trauma: Exposure to an episodic or singular event that impacts an individual (e.g., car accident, robbery). More likely to lead to PTSD. • Complex trauma: Repetitive, prolonged or cumulative. Most often interpersonal, involving direct harm, exploitation and maltreatment. • Systemic trauma: Results from the contextual features of environments and institutions.	• Shared decision-making, connect to supportive services, refer to behavioral health or other supports based on symptoms, choice and readiness. • When referring, encourage and normalize seeking behavioral health services. • Engage in more targeted patient education around the impact of trauma on long-term health and how behavioral health services may support their physical health as well as emotional well-being. • If the patient seeks behavioral health services, primary care providers should maintain an active dialogue with the behavioral health provider to ensure a supportive, team approach to improve the patient's health. • Adapt care to avoid activation and make access to medical care as comfortable as possible for the patient. An example is to ensure patients who have experienced recent pregnancy loss are seen in a different hospital wing then patients with newborns. Discuss adaptations through the shared decision-making process.

RESPOND TO TRAUMA DISCLOSURE

Disclosures of trauma do not typically require detailed discussion or urgent intervention. Rather, responses to such disclosures are often best limited to a statement of empathy, an offer of available referrals to overcome the impacts of trauma and an opportunity to follow-up with you. Providers should begin their response by acknowledging the patient's disclosure with a simple statement of nonjudgmental compassion like the following script.

Sample Script

"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. Trauma can continue to affect our lives and health. Do you feel like this experience affects your health or well-being?"

Adapt Care to Patient's Needs and Strengths

Adequate response to trauma disclosure includes a conversation with each patient about adaptations to care. By making small adjustments, you show respect for a patient that honors their concerns and prioritizes their voice in the treatment plan. In the following script, the provider creates an open space for the patient to share what they need to feel comfortable throughout the appointment. Examples of simple adaptations a patient may request include no fragrances in the exam room, a nurse present during sensitive exams and a phone call to discuss exam results rather than written results. If the patient does not have any specific requests at the time, emphasize that they can revisit this at future appointments. Note any identified adaptations in their health record and respect them at each appointment.

Sample Script

"In light of what you've shared today, is there anything I can do to make you feel more comfortable during our appointments together?[72] Do you have any concerns we should address before moving forward? I will note it in the record for future appointments and you can always change or add to it later."

[72] Elisseou S, Puranam S, Nandi M. (2019). A novel, trauma-informed physical examination curriculum for first-year medical students. MedEdPORTAL. 2019;15:10799. Retrieved from https://www.mededportal.org/publication/10799/.

Understanding a patient's trauma can explain how coping techniques like substance misuse or eating disorders may have been adaptive in the past but are currently causing health problems.[73] This understanding can facilitate a more effective treatment plan. For example, treatments for substance use disorder are significantly more effective when addressing co-occurring trauma and/or PTSD is part of the treatment.[74] Using a harm reduction framework can be a good first step. This can include a brief conversation about how a patient can stay safe while still using substances.

Sample Script

"You mentioned that heroin makes you feel calm when you are very stressed and that you have a goal to stop using but are not ready to now. So, let's talk about how you can stay safe when you use heroin. What ideas do you have? Are you familiar with steps to prevent and respond to an overdose, such as using with a friend and carrying naloxone?"

Every patient's treatment plan should utilize their strengths. Engaging in a process to identify strengths and incorporating them in their health care plan is a resilience-building strategy. Developing a plan together that is unique to their needs, goals and strengths increases self-confidence, hopefulness and participation in the treatment plan. Ask your patient about the people, places and activities they rely on to support their health and wellness.[75] Identify their health strengths, including an awareness about preventive screenings, current health status, and strategies to manage personal stressors.[76]

Depending on the needs, desires and readiness of the patient, providers may offer referrals for further evaluation or treatment. This could include a referral to onsite behavioral health providers or community-based programs that are trauma-informed and offer trauma-specific therapies. Patients and providers can find local mental health and substance use services at the SAMHSA National Help Line.

Trauma-specific Interventions

There are many evidence-based techniques and mental health interventions to help patients heal from the impacts of trauma and cope more healthfully and safely with ongoing symptoms and persistent traumas such as racism or xenophobia. Medical providers are not typically resourced

[73] Felitti, V.J., Jakstis, K., Pepper, V., & Ray, A. (2010). Obesity: Problem, solution, or both? *Permanente Journal*, 14, 24–30.
[74] Dass-Brailsford, P.M. & Amie, C. (2010). Psychological Trauma and Substance Abuse: The need for an integrated approach. *Trauma, Violence, & Abuse*, 11, 202–213.
[75] Salerno, A. (2016). Building Resilience for Individuals through Trauma Education (BRITE). 84-88.
[76] Whole Health Action Management (WHAM) Peer Support Training Participant Guide. (2015). Published by SAMHSA-HRSA Center for Integrated Health Solutions. 44-45.

or trained to lead these interventions; however, they have a crucial role in linking patients to treatments in the community or to onsite psychosocial staff members who are skilled in providing them.

Most importantly, providers can communicate hope to patients that it is possible to live a healthy life despite experiences of trauma and to gradually adopt healthier coping strategies. Learning more about trauma-specific interventions can help providers identify what may be most useful to their patient. Trauma-specific interventions include individual and/or group therapies that help patients manage trauma symptoms, process traumatic experiences and/or reduce isolation; trauma-informed somatic interventions like yoga, mindfulness-based stress reduction, acupuncture and somatic experiencing therapy; and medicines and techniques, such as eye movement desensitization and reprocessing (EMDR), to reduce post-traumatic symptoms like insomnia, nightmares, anxiety and depression. Often, a combination of such interventions lead to genuine healing.

It is important to note that many patients may not be interested in or able to tolerate trauma-specific interventions that require processing past traumatic events. Refer these individuals to the many trauma-specific services that do not involve directly processing trauma (e.g., drop-in support groups, dialectical behavioral therapy [DBT] and various forms of expressive and art-based therapies) that can start the healing process by helping patients connect with others and develop healthier coping skills.[77,78] You can also support patients who do not want any trauma-related referrals to begin healing through faith and spirituality, exercise, nature, work, caring for people and pets and other practices that foster connection, comfort and meaning.

[77] Najavits, L.M., Weiss, R.D., Shaw, S.R., & Muenz, L.R. (1998). Seeking safety: Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*, 11, 437–456.
[78] Copeland, M.E. (2002). Wellness recovery action plan: A system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and emotional feelings. Occupational Therapy in Mental Health, 17, 127–150.