For the trainer:

Please note this slide deck is not a train the trainer presentation with fully developed scripts and exercises. These slides and accompanying notes are offered as suggestions. Slides may be used separate from the slide deck and in a different order than how they are currently presented.

If slides are used, please use the citation below and maintain all original citations found on the slides.

Introduction to Inquiry for Trauma
Assume that all have been exposed to trauma

In the United States, 61% of men and 51% of women report exposure to at least one lifetime traumatic event, and 90% of clients in public behavioral health care settings have experienced trauma.

First – a brief focus on why?

• Universal trauma screening and specific trauma assessment methods are necessary to developing collaborative relationships with trauma survivors and offering appropriate services (Harris & Fallot, 2001)
• Necessary in order to avoid re-traumatization, honoring the dictum: “Above all, Do No Harm”
• Sets the stage for building resilience, recognition of a survivor’s strengths and builds a healing alliance
First – a brief focus on why?

• Primary care is where people show up first and most often
• Presence and impact of adverse life events are not always evident from direct observation
• Most people will not spontaneously disclose adverse life events
• People with adverse life events do not usually make a connection between those events and current challenges
• We can make mistakes when we don’t fully understand the role that trauma may be playing in the lives of our clients
“Without [trauma-informed care], providers risk retraumatizing patients, making them feel vulnerable in a place where they should feel comfortable getting the care they need.”

-Malika Fair, MD, MPH
AAMC
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Getting Ready

• Create safe, secure and trusting environments
• Establish policies, procedures and pathways related to inquiry
• Develop responses to inquiry
• Train staff
Provide patient education on trauma

What are ACEs and Why Do They Matter?

Adverse Childhood Experiences (ACEs) are stressful events in a child or adolescent’s life. These events can have a significant impact on a person’s health and well-being throughout their lifetime. Studies have shown that ACEs can lead to a range of negative outcomes, including chronic disease, mental health challenges, and social issues.

Types of ACEs

ACEs can include a wide range of experiences, such as physical or sexual abuse, neglect, or exposure to domestic violence. These experiences can occur at any age and can have lasting effects on a person’s health.

Exposure to ACEs may cause harm

Children who experience ACEs are at a higher risk of developing health problems later in life. For example, ACEs can increase the risk of developing heart disease, diabetes, and certain types of cancer. They can also lead to mental health problems, including depression and anxiety.

Children who experience ACEs may also struggle with school performance. They may have difficulty concentrating, and may experience stress or anxiety in school settings.

 ACEs are preventable. By taking steps to ensure that children have a safe and supportive environment, we can help reduce the impact of ACEs on their health and well-being.

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Develop an adequate referral network

• Develop referral agreements and relationships with community partner
• Prioritize referring to providers that are trauma-informed
Conduct inquiry for presence of trauma

Inquiry + conversation + screening tool (as needed) = Better understanding of patient’s history, needs and resilience factors
Four Approaches to Trauma Inquiry

• Assume a history of trauma without asking

• Screen for the impacts of past trauma instead of for the trauma itself

• Inquire about past trauma using open-ended questions

• Use a structured tool to explore past traumatic experiences
Staff considerations

- Determine staff to conduct inquiry
- Often primary care practitioner or nurse
- Someone who is champion of trauma-informed approaches
Provider’s response to patients

• Motivational interviewing
• Shared decision-making
• Linking to specialized and supportive services
Establish pathways prior to inquiry and response

- Establish policies related to education, inquiry and response
  - For example - Routine medical care involves:
    - Identifying and responding to trauma
    - Providing patient education on trauma
- Develop an inquiry workflow
  - Select a method for inquiry
  - Identify an instrument
  - Develop an algorithm for response
  - Determine appropriate staff to administer inquiry
- Clearly designate staff roles and responsibilities
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Develop an inquiry workflow or care pathway
Conduct Inquiry for Trauma
Introduction to screening script template

• Script for first appointment
  – Welcome patient
  – Explain reason for questions
  – Ask permission
    • If yes, proceed with inquiry
    • If no, note possibility of talking again in the future
• Script for follow up appointments
Select a method for inquiry and determine an instrument if necessary

- Single-item, open-ended question
- Multiple tailored structure question
- Validated and reliable tool
- Self-administered screens
Sample Script Template for Trauma Inquiry

Native American Rehabilitation Association of the Northwest

Yes or No trauma inquiry questions

• Do you feel you have experienced trauma in your life in the past?
• Do you currently feel safe from trauma in your life?
• Do you feel you carry the trauma of your ancestors in your life?
• Would you like more support in taking care of your body, emotions and spirit?
• Do you feel that trauma affects your participation in medical care?
"I know this is very important information, and it's something we may have to take steps on today. Would you be willing to stay here with ...(person) while I get some information?" (then you can step out of the room for information or consultation).

"I appreciate you sharing that with me. Let's see if there's some options for including this experience in helping you get the best healthcare" (Decide where to refer, and who best to give the information.)
Develop a Response Algorithm
Develop an algorithm/care pathway for response

**CYW ACE-Q Score 0-3**
No Symptomatology
Anticipatory Guidance

**CYW ACE-Q Score 1-3**
With Symptomatology or ≥4 ACE Score
Refer to Treatment

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