



# Trauma-Informed Primary Care: Fostering Resilience and Recovery



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.

**National Council for Behavioral Health. *Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care.* 2019.**



# Trauma-Informed Primary Care: Fostering Resilience and Recovery



## Introduction to Inquiry for Trauma

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## 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.

SAMHSA. 2019. Retrieved from <https://www.integration.samhsa.gov/clinical-practice/trauma>

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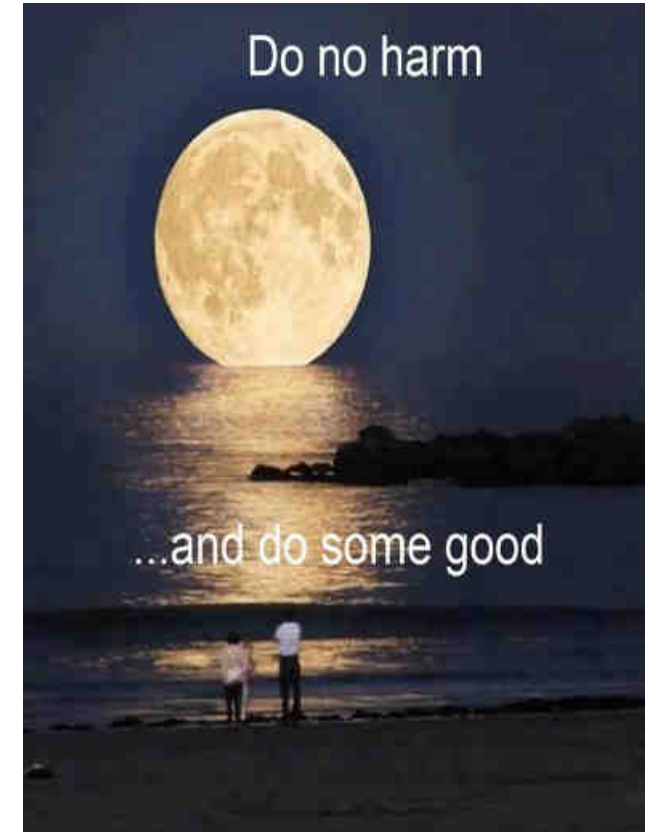


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## First – a brief focus on why?

- 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





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## 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 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



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“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*



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## Getting Ready

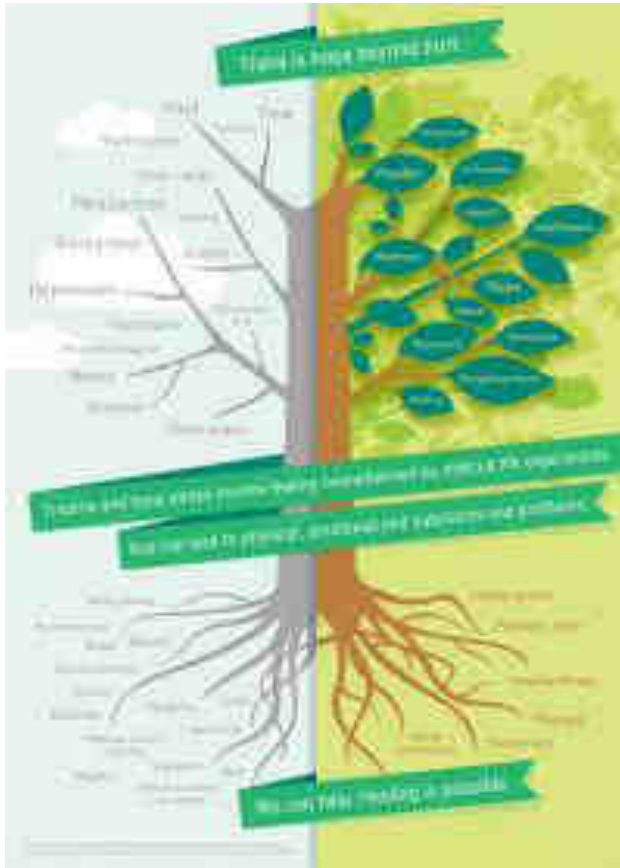
- Create safe, secure and trusting environments
- Establish policies, procedures and pathways related to inquiry
- Develop responses to inquiry
- Train staff



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## 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. They are very common, and most Americans have at least one. ACEs can happen to anyone and may have lasting effects on health.

**Types of ACEs**

ACEs include experiences like abuse, neglect, and other major stressors such as divorce, a parent's substance abuse, or witnessing violence in the home. Listed below are 10 ACEs that are linked to a child's current and future health. Other kinds of difficulty, including community violence, bullying, and poverty, can also lead to health issues without the right support.

**Exposure to ACEs may cause harm**

Children have both good and bad experiences, and both can affect their health. Science shows that negative experiences can have long-term effects on children's brains and bodies. Stress from an ACE is different than the everyday stress that all children experience. This type of stress can lead to health problems such as asthma, diabetes, and heart disease. It can also affect behavior, learning, and mental health.





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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



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## Conduct inquiry for presence of trauma

Inquiry + conversation +  
screening tool (as needed) = Better understanding of  
patient's history, needs and  
resilience factors



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## 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



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## Staff considerations

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





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## Provider's response to patients

- Motivational interviewing
- Shared decision-making
- Linking to specialized and supportive services



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## 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

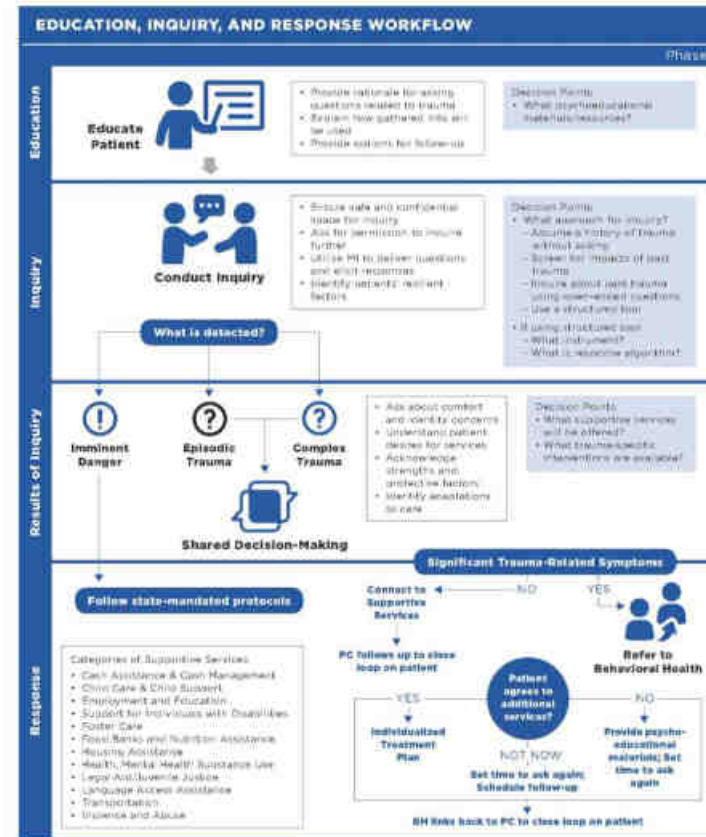


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Develop an inquiry  
workflow  
or care pathway

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





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## 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



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## 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



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## 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?



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## Sample Script Template for Consultation or Warm Handoff

"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.)



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## Develop a Response Algorithm

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## Develop an algorithm/care pathway for response

**CYW ACE-Q SCORE 0-3**

WITHOUT SYMPTOMATOLOGY



**ANTICIPATORY GUIDANCE**

**CYW ACE-Q SCORE 1-3**

WITH SYMPTOMATOLOGY OR  $\geq$  4 ACE SCORE



**REFER TO TREATMENT**



**CENTER FOR  
YOUTH  
WELLNESS**

*health begins with hope*

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