

Asking about Trauma: A Community-Informed, Strengths- Based Guide

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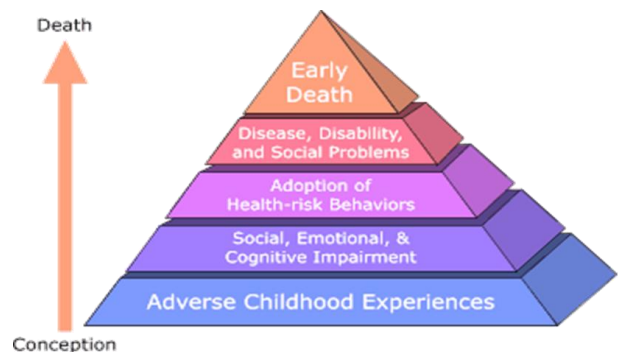
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Background

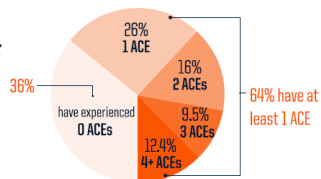
- Adverse Childhood Experiences (ACEs) are a major public health problem
 - ACEs can lead to toxic stress
 - Toxic stress negatively impacts short- and long-term health
 - Resilience can mitigate these negative effects
- Health professionals are uniquely positioned to partner with children and families to:
 - Identify ACEs
 - Promote resilience
 - Prevent negative health impacts



As the number of ACEs increases, so does the risk for negative health outcomes



Of 17,000 ACE study participants:



Graphic: Robert Wood-Johnson Foundation



Asking About Trauma

In 2012, the American Academy of Pediatrics (AAP) advised that pediatricians discuss ACEs and its impact with children and families

Other national, state, and local organizations also began screening for ACEs

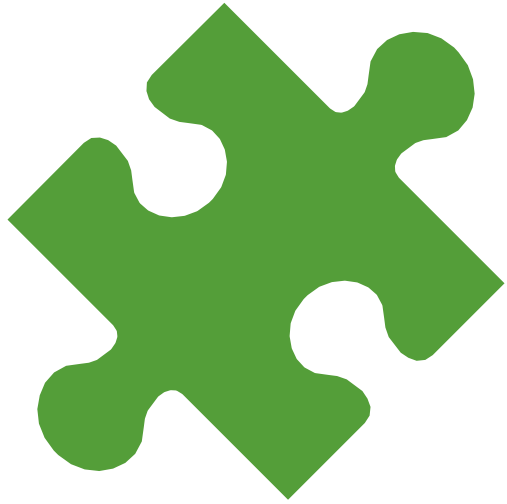
However, little is known about **patients' perspectives on ACEs** or their **preferences on discussing these topics in the medical setting**



Purpose

To address knowledge gaps in patient preference around discussing adversity and ACEs

By adding the voices of adults and parents from a community with a heavy burden of ACEs



Objective

To use participant themes to construct a strengths-based clinical conversation guide on asking about trauma



What Is Known

Adults and children tolerate being asked sensitive questions well

Just asking is important

Framing is crucial

Mandated reporting is a barrier for parents



Methods

- Qualitative, descriptive study conducted at 3 Federally Qualified Health Centers in Milwaukee, WI
 - IRB approved
- Participants: English- or Spanish-speaking adult patients
- 40 semi-structured interviews recorded
- Transcriptions analyzed using iterative coding process and thematic analysis

Study Questions

- Participants were asked:
 - How stress, defined as ACEs and their sequelae, impacts:
 - Themselves
 - Their families
 - Their communities
 - Their preferences and recommendations for discussing their own and their children's ACEs
 - Barriers and facilitators of disclosing ACEs



Results

“If no one asks, no one knows.”



Demographics

Ethnicity

- 37.5% African-American
- 50% Hispanic
- 12.5% Caucasian

Gender

- 55% female
- 45% male

Age

- Median age 45 years (range 18-75)
- 1/3 Millennial, 1/3 Gen X, 1/3 Baby Boomer

Parent

- 70% caregivers (parents, guardians, kinship care, step-parents)

Zip Code

- 75% from the poorest zip codes in Milwaukee

Five Themes

Stress adversely affects parents and children.

Benefits of disclosure include getting help for themselves and their children, receipt of resources, and feeling less alone.

Barriers to disclosure include judgment and mistrust.

Providers should ask patients about ACEs and can overcome barriers by establishing rapport and building trust.

Providers should frame and normalize discussions of ACEs, utilize a variety of strength-based approaches for starting conversations about adversity, and be transparent about reporting responsibilities.

Sub-Themes

Themes	Sub-Themes		
	Self/Adult	Children	Parents/Families
Impact of Stress	<u>Community:</u> Violence, Safety, Lack of Cohesion	Violence in Community, Violence in Home, Disrupts Future	Marital Conflict, Parent-Child Conflict, Violence
	<u>Self/Adults:</u> Unhealthy Coping, Violence, Disrupts Relationships		
Benefits of Disclosing	Help, Disclosure Itself, Not Alone, Normalized	Get Help, Improve Situation, Improve Agency	Improve Situation Help Family
Barriers to Disclosing	Judgment, Mistrust/Fear, Shame, Hopelessness	Get in Trouble, Get Others in Trouble, Removal, Mistrust	Mandated Reporting, Fear, Judgment, Negative Experiences
Strategies and Facilitators of Assessment	<u>Just Ask:</u> Acceptable, Expected, Multiple Ways, Every Time, Strengths	<u>Just Ask:</u> Acceptable, Provider Should Detect Abuse	<u>Just Ask:</u> Acceptable, Every Time, Multiple Ways, Strengths
	<u>Facilitators:</u> <i>Human Connection</i> Trust, Rapport, Compassion <i>Framing</i> Options, Transparency, Explanations	<u>Facilitators:</u> <i>Human Connection</i> Trust, Rapport <i>Framing</i> Explanations, Parental Consent	<u>Facilitators:</u> <i>Human Connection</i> Trust, Rapport <i>Framing</i> Options, Transparency, Explanations
Provider Attributes/Practices Promoting Disclosure	Caring, Genuine, How Respond, Follow-Up	Approach, Rapport, Caring	Unlikely to Disclose, Caring, Genuine, How Respond



Participant Feedback

Permission to Ask

- Participants believe providers should “Just Ask”
- Asking about trauma does not cause harm for children or adults and is well-tolerated

Framing is crucial:

- Explaining why we are asking and what we are doing with the information promote disclosures

How to ask:

- Is individual: depends on timing, context, personal experiences, etc.
- Participants recommended asking everyone, every time, in various ways (in person, questionnaires, handouts, websites, posters)

Strengths:

- Including questions about strengths (the good things) balances the discussion, and creates positivity and hope.

Mandated Reporting:

- Is a significant barrier, particularly for parents disclosing abuse in the home
- Participants recommended being transparent about reporting responsibilities



Conversation Guide

Building the Conversation Guide

Themes and sub-themes utilized to develop an approach

Language developed to construct a script that can be used in clinical practice

Rapport/Trust

Get to know patient/family
Ask about strengths and coping strategies
Show genuine interest and caring

Framing/Transparency

Normalize: Stress is bad for you, so we ask everyone
Answering is optional, but may be reportable
We care, there is help, you are not alone

Respond/Resources

Listen, offer support and resources
Plan next steps/follow-up
Utilize team members, make connections

Approach

Script



Recommended language [can be on a questionnaire but should be said in person]

Here at _____ we see a lot of people who struggle with stress in their life, like violence in the community or home, struggles with drug and alcohol abuse, or difficult childhood experiences such as abuse.

We know that these experiences can affect our health in negative ways, especially for children.

We ask everyone about these stresses because we want people to know they are not alone and that we can help.

It is up to you if you answer or not, but I am mandated by law to report _____.

We ask because I hope you'll consider letting someone here at _____ know if you or your family is struggling with any of these problems.

This might seem like a strange question, but can you explain back to me why we are asking you these questions, to make sure I explained it well?

Conclusion

- Providers whose practices reflect patients' preferences may facilitate disclosure of adversity, identify strengths, prevent negative health consequences, and promote resilience.



Limitations and Future Directions

1. Limitations:

- Does not address how children prefer to be asked
- May not be generalizable to other populations
 - High-risk, urban, ethnic minority adults



2. Future Directions:

- Validation of conversation guide at study sites
- Implementation and feasibility study
- Validation in other communities (rural, sub-urban, etc.)

Selected References

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