

Screening for Childhood Trauma

Family Practice & Counseling Network

National Nurse-Led Care Consortium Conference

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Study conducted by Dr. Roy Wade, Pediatrician and Professor Children's Hospital Philadelphia

What we are going to cover today

1. Why screen for childhood trauma
2. What we learned about the best way to screen
3. Case Studies
4. Film-body art as a means to screen

Adverse Childhood Experience Study- ACES Study

- Published by CDC/Kaiser in 1998
- Surveyed 17,000 policy holders
- Understand relationship between childhood adversity & adult health outcomes

Childhood Exposure	Subcategory
Abuse	Psychological
	Physical
	Sexual
Household dysfunction	Substance abuse
	Mental illness
	Intimate partner violence
	Criminal behavior
	Divorce
Neglect	Emotional
	Physical

Graded Relationship Between ACE Score and Cardiovascular Disease

Association between ACE Score and Risk for Cardiovascular Disease



Adapted from Dong et al., 2004

Implementing Trauma Informed Practices

- Promoting awareness – culture/trauma informed (what happened to you as opposed to what is wrong with you?)
- Developing approaches to assessment – early identification
- Building trauma focused interventions-i.e. encourage staff self care

Limitations of Trauma Informed Practices

- Limited time
- Limited skills in addressing ACEs
- Limited sensitivity or trusting relationship with patient
- Concerns for patient confidentiality and privacy
- Respondent honesty to screening questions
- Lack of education in assessing childhood adversities

The Health Annex

- Primary care office in Southwest Philadelphia (one of five sites)
- Nurse practitioner led primary care practice
 - Trauma informed, PC, BH, Dental, Mind-Body Ed., Card., Pod., Nutrition, Physical Therapy, Fitness, Creative Arts, Medical-Legal Partnership



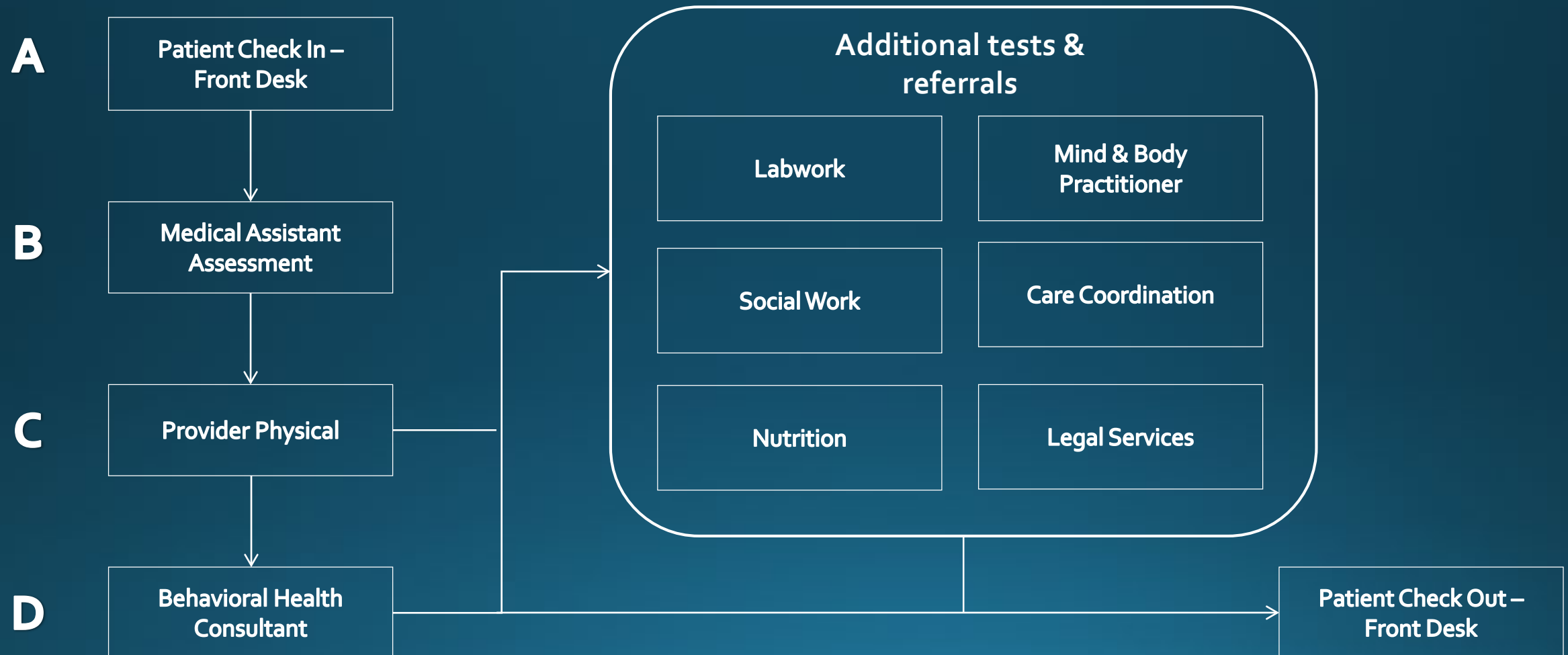
Address limited time for assessment with ACE screening tool

- 97% of individuals with four or more ACEs endorsed
 - Living with anyone who was a problem drinker or alcoholic
 - Parents or adults in home swore at them, insulted them, or put them down more than once
 - *there are ten questions in the ACE questionnaire
- Tool composed of these two items shows equivalent odds ratios to full measure when tested for association with health outcomes

Implementation of ACE screening at Health Annex

- Determine most efficient and acceptable approach to ACE screening at Health Annex
 - Shortest time/efficiency
 - Low anxiety or stress for patients and staff
 - Improves quality of visit

FPCN Health Annex Childhood Adversity Assessment Workflow

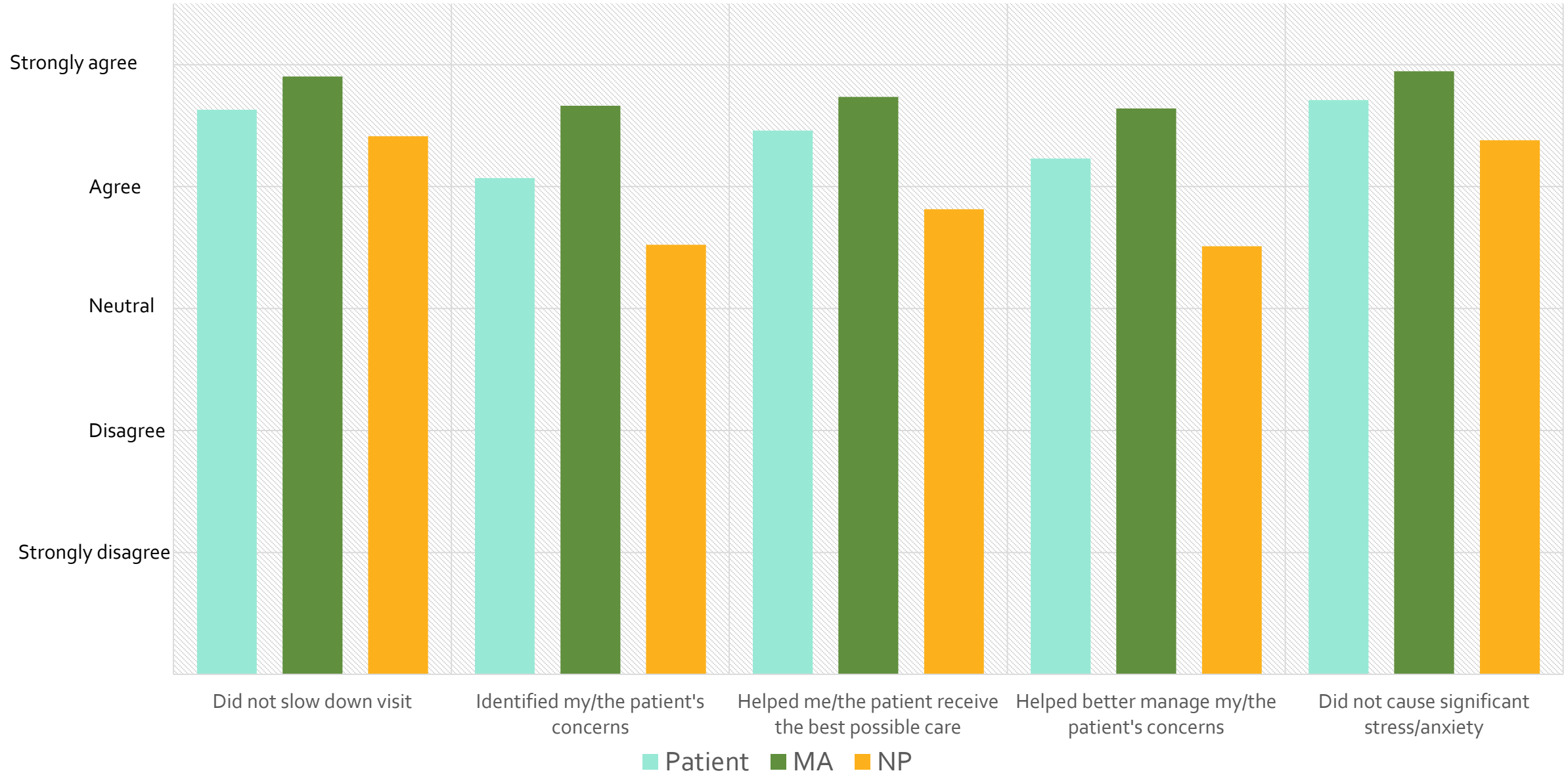


What is the best way of measuring childhood adversity?

- Three approaches tested
 - Patient answers questions on paper survey
 - Medical assistant asks survey questions
 - Provider asks survey questions
- Track positive screens
- After visit assessment with all involved participants to determine acceptability of approach

Self-Administered in Waiting Room

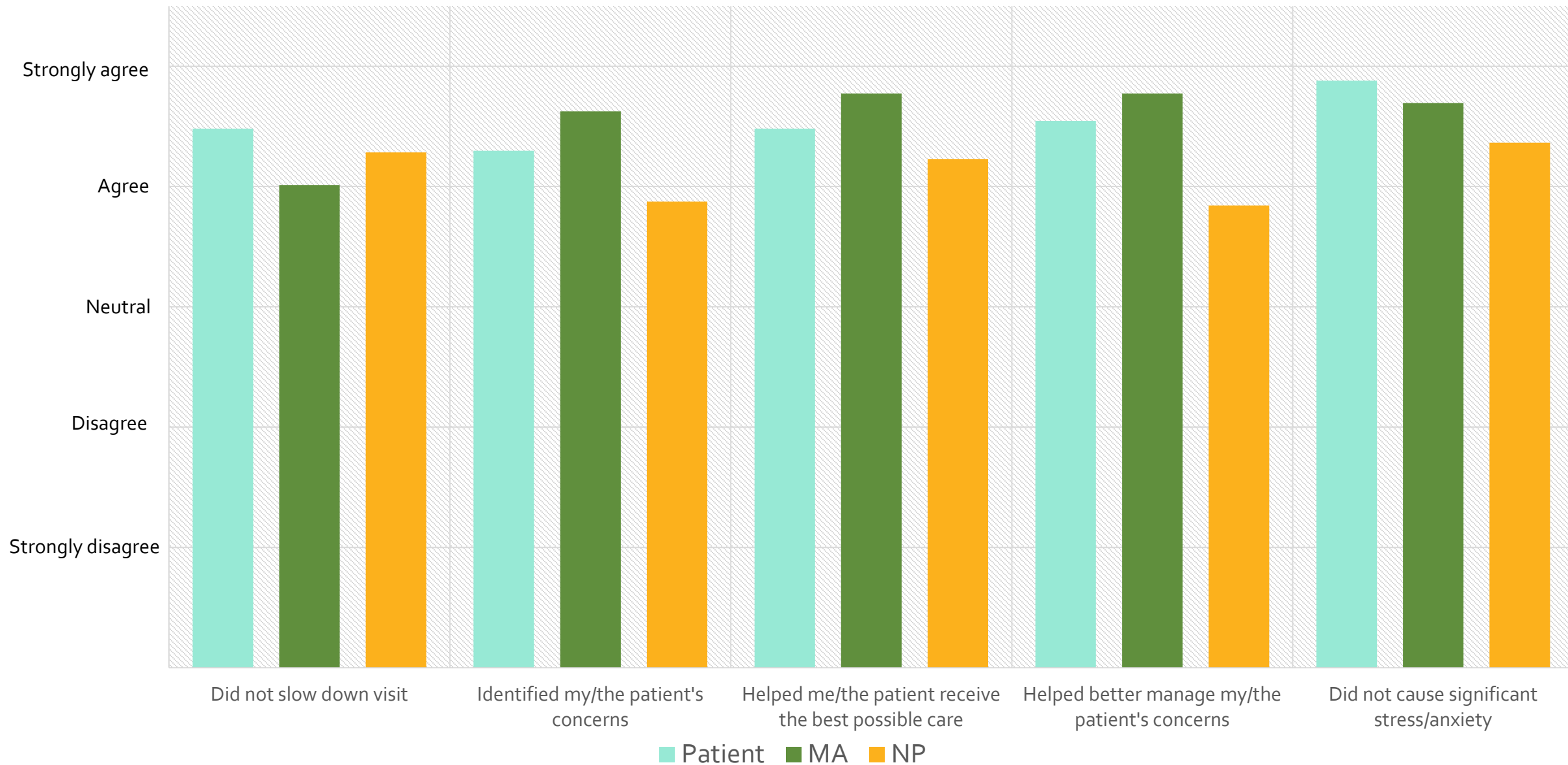
Respondent Attitudes Regarding Self-Administered Psychosocial Screener



“ [It was] really great--not a stress at all and very helpful to get best possible care”- Patient

MA-Administered

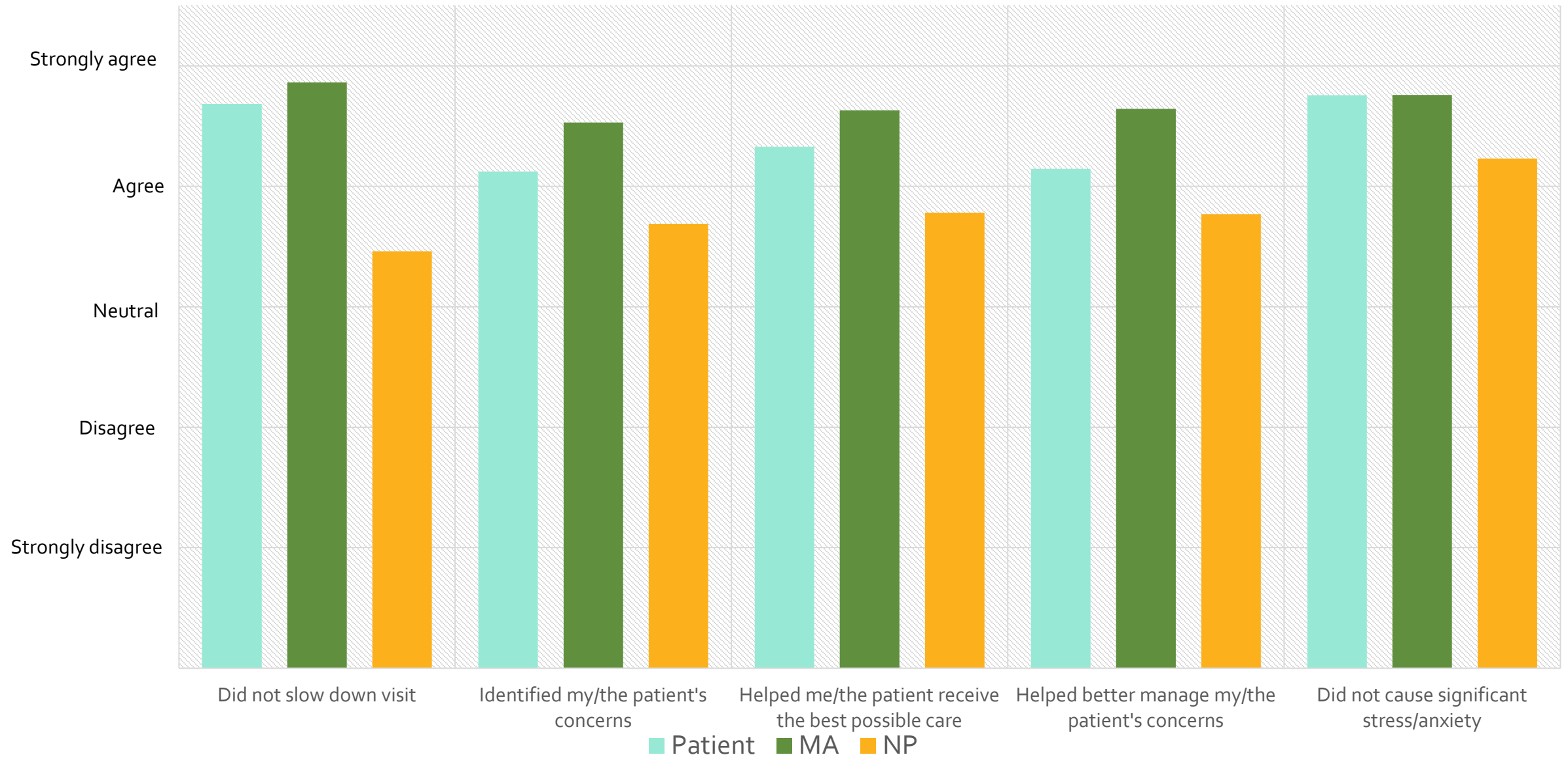
Respondent Attitudes Regarding MA Administered Psychosocial Screener



“Patient felt comfortable being asked these questions. Considered them to be important questions.”

NP-Administered

Respondent Attitudes Regarding NP Administered Psychosocial Screener



"I would rather be asked questions than not asked them." - Patient

Key Findings

	Self-Administered	MA Administered	NP Administered
Total individuals surveyed	92	88	87
Total respondents identified with ACEs	36	14	29
% respondents with identified ACEs	39.1%	15.9%	33.3%

- Nurse practitioners felt NP administered approach slowed down visit and interrupted patient flow
- Self administered and medical assistant approach are most strongly associated with improved quality of health care visit
- Most accurate approaches are self and NP administered

Stakeholder Comments Regarding the Self-Administered Approach

I did not feel questions were stressful, it was a great way [for the provider] to address my needs - Patient

Patient had lots of personal stressors including a death in the family which asking about these questions helped to address – MA

"Filling it out before the patient comes back is more effective, leaves time for discussion " – NP

“Screener slowed down visit today. MA did not bring screener out of room and enter it into the computer before provider went to see patient. had to find screener, review screener while with patient, and then entered screener into computer myself.

Timing is difficult. “ – NP

I was distracted during the appointment
and didn't look at the results of the
screener and didn't notice that the
patient endorsed an ACE – Nurse
Practitioner

Stakeholder Comments Regarding the Medical Assistant Administered Approach

“Some of the questions were kinda personal” – Patient

“Questions were helpful. Helped
[provider] identify my issues” – Patient

“Could be helpful but patient just said
no [to all the questions]” – MA

“Slows down visit by having to go through each question verbally. Better to enter into computer in time for provider to see” – MA

“Busy schedule, no time to deal with
this additional step today” – NP

“Extra work for MA to enter info twice;
need to find a way to integrate the
process” – NP

“Definitely helped, could look at form beforehand and know to probe on certain topics.” – Nurse Practitioner

Stakeholder Comments Regarding the Nurse Practitioner Administered Approach

"thank you for reviewing these questions with me, I am now able to realize that my past risking and promiscuous behaviors were triggered due to childhood abuse and neglect"

– Patient

“Asking them these questions takes more time. Might not be best way to screen for mental health issues.” – Nurse Practitioner

Helped me eliminate causes of chronic illness and complaints because screened negative for psychosocial problems and now I can focus with the patient on what could be causes of problems – Nurse Practitioner

Conclusions

- N.P. administered-highly reliable if done consistently but NP found that it was not realistic and interfered with managing other issues that must be addressed in a short visit, screening **consistency projected to be unreliable**.
- MA administered-**low reliability** . Relationship may not be established enough and questions may feel intrusive or “too personal”.
- Self Administered-may be **most reliable**. Since this study was carried out the health centers have purchased software and tablets for screening so logistical issues may lessen.

Next Step Instituted

Introduced tablets for self administration-System: Get Well Network

- Patient Registration
- Risk Assessment questions
 1. ACE/Trauma- ages 14-17 annually, over 18 once
 - *Living with anyone who was a problem drinker or alcoholic
 - *Parents or adults in home swore at them, insulted them, or put them down more than once- full ACE questionnaire pops up if either answer positive
 2. PHQ/Depression Assessment-ages 14-17 twice a year, over 18 yearly
 - * Little interest or pleasure in doing things
 - *Feeling down depressed or hopeless- full PHQ pops up if either answer positive
 3. Other screening- substance abuse, domestic violence, tobacco use

Process within health center

- Multiple meetings with clinical staff (Nurse Practitioners and Behavioral Health Consultants) on risk questions and obtaining buy in.
- Discuss with Community Advisory Committee
- Group decision on questions to be asked and frequency of asking them: ACES two question screening, Depression Prime MD, Substance Use

*ACE questions: Living with anyone who was a problem drinker or alcoholic, parents or adults in home swore at them, insulted them, or put them down more than once

- Trainings front desk



Findings and Post Mortem

- Number of positive ACE screeners prior to use of iPad (performed when patient was seen by a BHC, not done routinely) **647**
- Number of positive ACE screeners after implementation of iPad **832**
- Number of PHQ positive prior to use of iPad (performed by medical assistants) **506**
- Number of PHQ positive after implementation if iPad **653**
- *Some patients have expressed sentiments that questions should be asked in a more private setting*

Lessons Learned

- Communicate, communicate, communicate
 - Involve ALL members of the care team in the development and workflow of the tablets
- If you ask the question, you need to be ready to respond to all possible answers
- Staff Capacity & Training
 - Are ALL of your staff ready to discuss a patient's trauma history? Depression? Drug/Alcohol use?
 - Are ALL of your staff prepared to give patients needed resources?
 - Do you have ENOUGH staff to address all of the positive responses in the moment of the visit?