

The Secret Ingredient: An Approach to Engaging Our Patients

Sandi Groenewold, MD

June 5, 2019

What are ACEs & Why do they Matter?

- Experiences in childhood that happen before the age of 18
- Sometimes referred to as toxic stress or childhood trauma
- Recurrent emotional or physical abuse or neglect
- Sexual abuse
- Family member with addiction or mental health conditions
- Household member incarcerated
- Physical abuse of mother
- One or no parents

Background to the ACEs Study

- 1985 Vincent Felitti, MD,FACP, was running an intensive weight loss program at Kaiser Permanente in San Diego, CA created for patients 100-600 pounds (lbs.) overweight
- Of the 1,500 patients enrolled each year, 55 % dropped out before reaching goal weight, yet while they were still actively losing weight (many losing 100 + lbs.)
- Of those who had dropped out, 286 patients agreed to return for a follow up interview with the weight loss team

Learnings from those Follow-up Visits

- Patients gained their weight rapidly and then weight stabilized (rather than continuing to increase) and when they gained their weight back it happened alarmingly fast (50-100+ lbs. in months)
- Dr. Felitti started looking for a pattern in these patients asking their weight and age at different stages/firsts in their lives and asked one of the patients how much she weighed when she first became sexually active and she answered “40 pounds”, she was 4 years old and her father had sexually assaulted her
- They discovered that many of these patients had experienced some form of childhood abuse- emotional, physical, or sexual
- This led to the Adverse Childhood Experience Study, “probably the most important public health study you never heard of” (Stevens, 2012).

The ACEs Study

- Collaborative efforts through Kaiser Permanente and Centers for Disease Control and Prevention
- Dr. Vincent Felitti and Dr. Robert Anda
- **17,337** people in the study, all enrolled in the Kaiser Health plan
- 46% male/ 54% female participants
- Nearly 50% had college educations
- Mean age was 57 years

Your ACE Score

- Taking the test or even talking about the test can be traumatic for some people, please be prepared to talk to a friend or professional about any negative feelings or thoughts you might experience
- Please make sure you understand potential consequences and have support in place before using the ACE survey with patients

Adverse Childhood Experience Questionnaire: Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...Swear at you, insult you, put you down, or humiliate you? **or** Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often** ...Push, grab, slap, or throw something at you? **or**
Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you **ever**...Touch or fondle you or have you touch their body in a sexual way? **or** Try to or actually have oral, anal, or vaginal sex with you?
4. Did you **often** feel that ...No one in your family loved you or thought you were important or special? **Or** Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you **often** feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents **ever** separated or divorced?
7. Was your mother or stepmother: **Often** pushed, grabbed, slapped, or had something thrown at her? **or Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard? **or Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
10. Did a household member go to prison?

Now add up your "Yes" answers: _____ This is your ACE Score

Percent of Cumulative Adverse Childhood Experiences ACES in the Original Study¹

Number of ACES	Women	Men	Total
	N=9367	N=7970	N=17337
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

¹<http://www.cdc.gov/violenceprevention/acestudy/prevalence.html>

ACEs Can Impact Brain Development

Impact of Trauma

- Hyperarousal: jumpy, startle easily, quick to anger
- Triggers: volume or tone of voice, feeling cornered, smells, touch
- Common responses include: avoidance and withdrawal, feeling numb, shutdown or isolate from normal life, pulling away from relationships and/or activities, anger

How the ACES Work

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

The higher the ACE Score, the greater the likelihood of :

- Severe and persistent emotional problems
- Health risk behaviors
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy

For example:

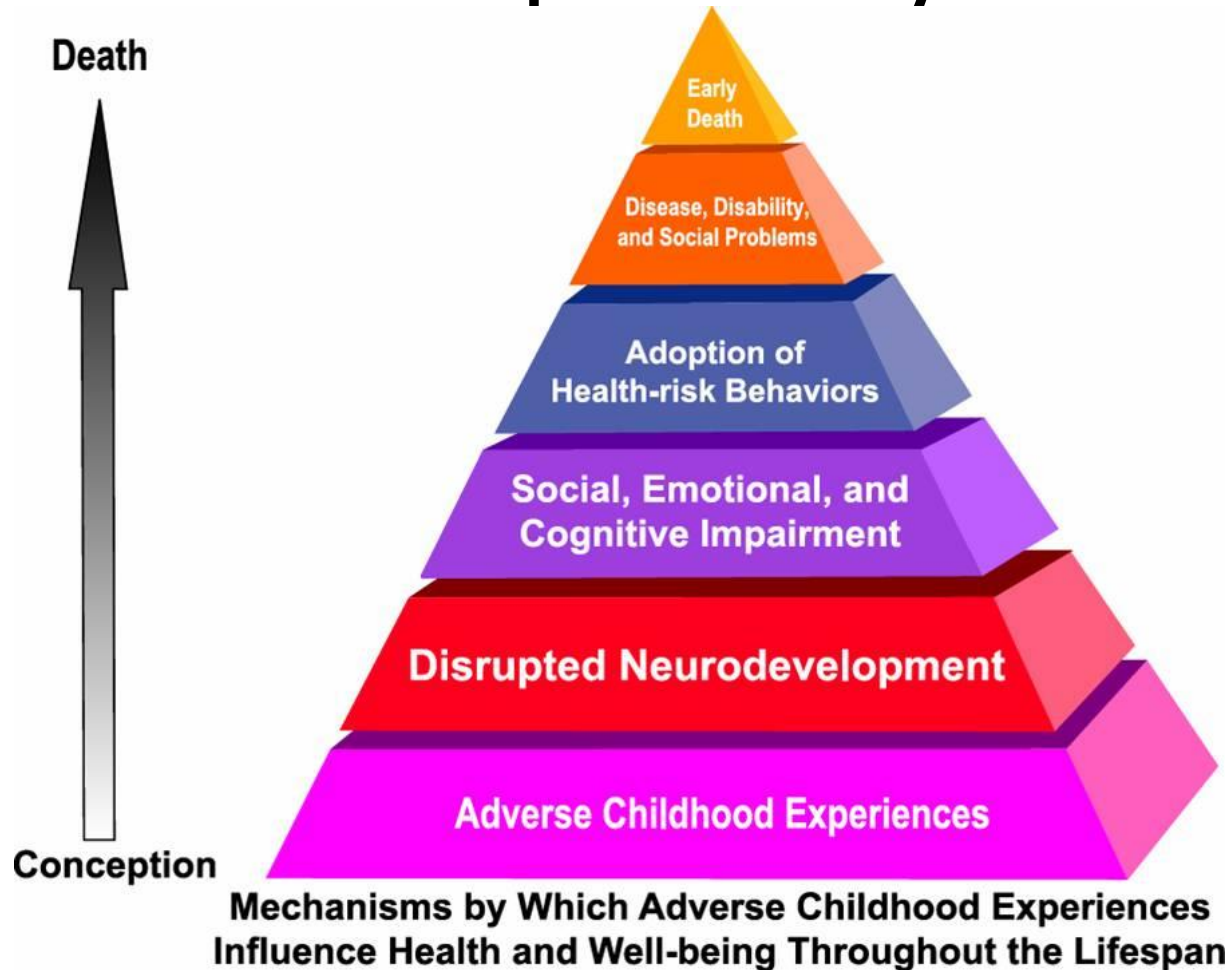
The following information and slides are from September 2003 Presentation at “Snowbird Conference” of the Child Trauma Treatment Network of the Intermountain West, by Vincent J. Felitti, MD. And from Lanius/Vermetten Book Chapter 6/2007

ACEs Increase Likelihood of Heart Disease*

- Emotional abuse 1.7x
- Physical abuse 1.5x
- Sexual abuse 1.4x
- Domestic violence 1.4x
- Mental illness 1.4x
- Substance abuse 1.3x
- Household criminal 1.7x
- Emotional neglect 1.3x
- Physical neglect 1.4x

Decrease in Life Expectancy

ACE Score ≥ 6
is associated with
a decreased life
expectancy
of 20 years as
compared to
those with 0 ACEs



ACEs Can Last a Lifetime, **But They Don't Have To**

- **Healing can occur**
- ACEs do not impact everyone the same way
- Resilience and healthy relationships are important factors in reducing impact of ACEs

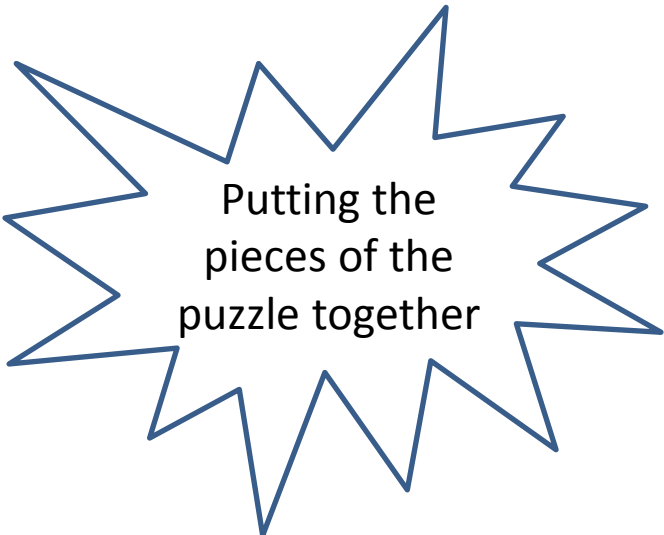
How Does this Relate to the “Secret Ingredient”

**It's building the
relationship with
a Trauma-
Sensitive
Approach**

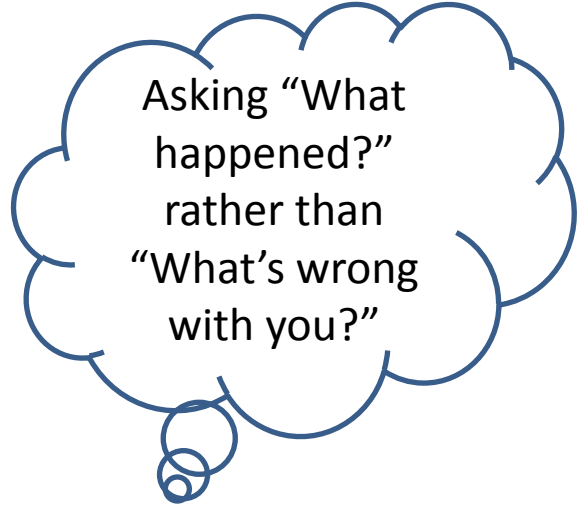
Adverse Childhood Experiences

- **“(...) when people tell you the truth about their lives and you listen, you understand their life course” (Anda, 2012).**

Trauma-Informed Care



Putting the
pieces of the
puzzle together



Asking “What
happened?”
rather than
“What’s wrong
with you?”

Trauma-Informed Approach

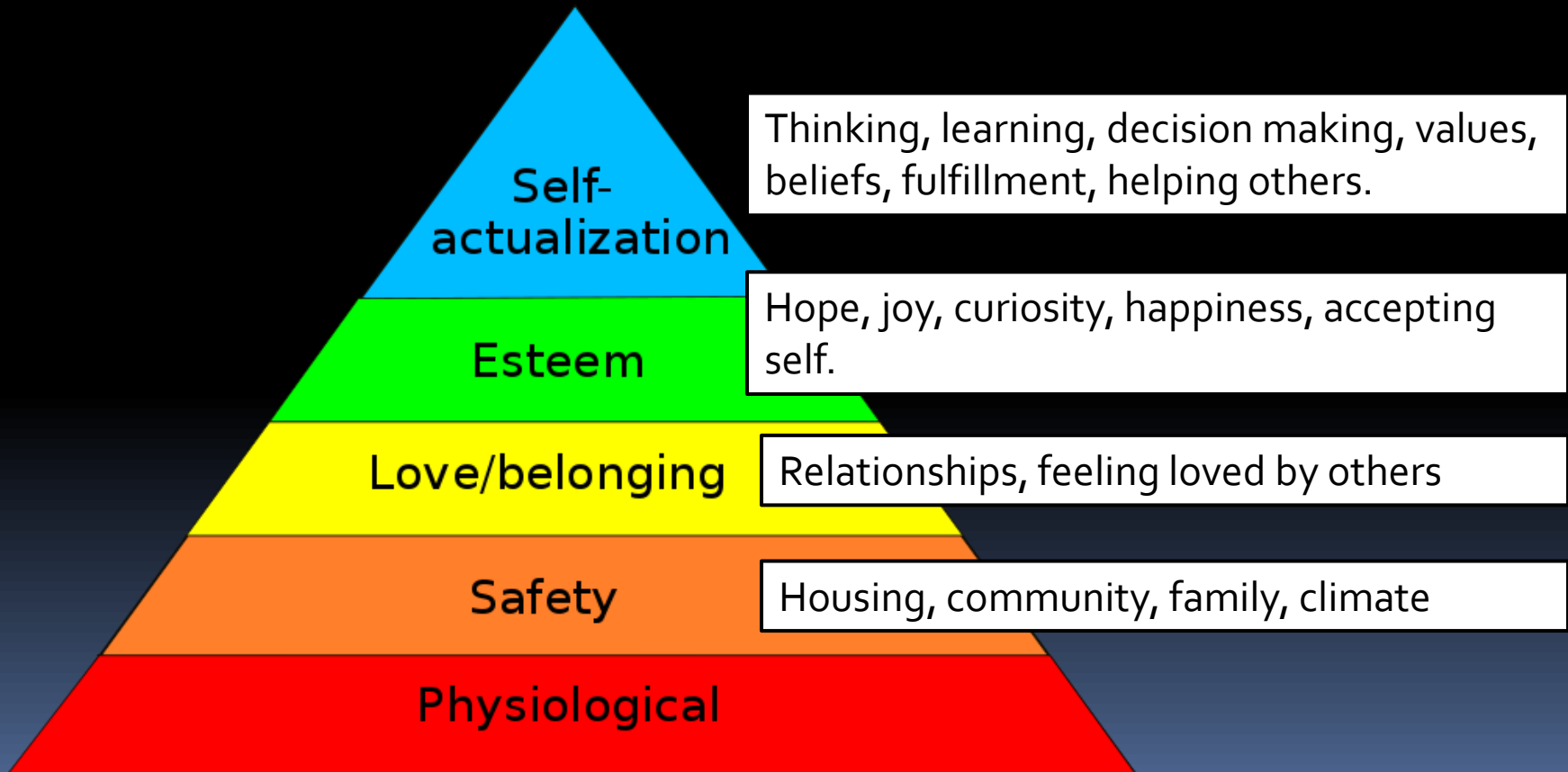
The 4R's Key Assumptions

1. **Realization:** trauma is prevalent and people have different methods they use to cope with their circumstances.
2. **Recognize** symptoms of trauma
3. **Respond:** training for all team members regardless of their role from front desk staff to Executive Leaders, policy and culture to support resilience, recovery, and healing from trauma
4. **Resist Re-traumatization:** create a safe environment, avoid use of force or restraints

TIC is “Kindness with Boundaries”

- Universal precautions:
approximately 2/3 of people have ACE score ≥ 1 , you don't need a score to understand that difficult things may have happened in the past that may shape the way an individual responds
- Approaching care this way helps put the puzzle pieces together, creates an environment of collaboration and respect

Maslow's Hierarchy of Needs



For our Brains, Survival is the #1 Job

Instinctual: we don't think, we just react

When other parts of our brain are not activated, we revert to basic instincts: fight, flight, or freeze

- Fight = anger (increase blood pressure and heart rate, release stress hormones)
- Flight= fear (instinctive response to avoid harm, blood & oxygen rushes to muscles and organs, liver releases glucose, cortisol is released)
- Freeze= hopelessness (body shuts down, functions slow, experience of pain is less, normal brain development shuts down)

Impact on Our Team Members

Do you or your team members get frustrated with “**noncompliant**” patients who miss appointments or don’t follow the care plan you worked with them to create?

Do you or your team spend a lot of emotional energy during and after talking with an angry patient?

Our Approach to TIC

- We do not use the term “**noncompliant**”
- We understand that patients may have coping mechanisms that are “unhealthy”, but for them, it is how they have learned to adapt, cope, and survive (smoking, alcohol, food, shopping, gambling, sex, drugs)
- We do not judge their behaviors
- We work with patients to understand what their goals are, partner with them to understand, address, and remove barriers
- Patients are likely to not be successful with “just lose weight”, “just stop smoking”, “just stop drinking” if they do not have an alternative coping mechanism

TIC Approach

- Our Outpatient Care Management team does not commonly use the ACEs questionnaire
- We use universal precautions and ask patient permission before touching them or asking sensitive questions.
- We use weighted lap pads, kinetic sand, coloring books, fidget widgets, worry stones to help patients with anxiety feel more comfortable

Patient Win

Patient History:

- Prior to working with CP program, HA1C's ranged from best 9.9, to worst **11.6**. Last controlled HA1C was May 2015.

Paramedic actions at home visit:

- Full med-rec in the home
- Education in the home
- Goal setting 100% from the patient using the Spirit of Motivational Interviewing and a *Trauma-Sensitive approach*

Current state:

- ***First reading post-enrollment: 6.7***
- ***Second reading post enrollment: 6.2***
- ***Discontinued Trulicity (\$8400/year)***
- ***Discontinued Lantus (\$3600/year)***

Some of our Results with Patients with DM Type 2

HA1C Target <9		
Most Recent HA1C Prior to Enrollment	1st reading Post-Enrollment	2nd reading Post-Enrollment
10.8	7.9	7.6
10.0	9.5	10
12.1	8.4	7.7
9.0	5.2	6.5
11.3	10.3	11.2
9.4	10.4	
12.8		
14.0	12.7	
12		
14.0		
11.3	6.9	6.8
10.5	8	7.6
11.4	6.7	6.2
9.0	8.3	
14	8.6	6.2
10.3	7.2	
9.6	8.6	
11.6	7.8	

18 people enrolled for HA1C >9.0
15 have had post HA1C check

11/15 Improving - 73%!

11/15 Have reached target of <9.0 – 73%!

7/9 Demonstrating Sustainment at 2nd reading! - 78%!

Patient Story

- 42 y.o. male, fired several times from other clinics for anger
- Recent suicide attempt, his primary care physician ordered referrals to psychiatry and counseling
- Received 2 calls (psychiatry and counseling) to tell him our Behavioral Health department did not accept his insurance after he had already been scheduled with me
- Patient was very upset by the 2nd call, yelled and swore
- Team members were upset- lot of energy and frustration
- ACE score 7/10, poor health outcomes related to delay in diagnosis with mistrust of medical field
- Patient felt loss of control and lashed out verbally
- Trauma sensitive approach = patient win, patient engagement and job satisfaction

Summary

- ACEs are common, they can impact brain development and increase the risk for chronic disease as well as impact the way a person views the world (safe vs unsafe)
- Trauma-Informed Care is an approach creating:
 1. Safe environment both physically and psychologically
 2. Trustworthiness and transparency
 3. Peer support and mutual self-help
 4. Collaboration and mutuality- healing happens through sharing of power and decision-making
 5. Empowerment, voice, and choice- belief in resilience and ability to heal and promote recovery from trauma
 6. Cultural, historical, and gender issues
- Create a connection with one another as well as with your patients asking “What happened to you” rather than “What’s wrong with you?”

References

- Adversity in Childhood & Childhood Trauma*. SAMHSA Project Aware, 2,
Retrieved from <http://files.constantcontact.com/bde05f96001/33cfa0d8-35ab-4453-abc6-9eb23cdcb10b.pdf?ver=1511887992000>
- Anda,R.F. (2012). *The Adverse Childhood Experiences Study: Background, findings and paradigm shift*. [Video file]. Retrieved from https://www.youtube.com/watch?v=v3A_HexLxDY
- Brown, D.W., Anda, R.F., Tiemeier, H., Felitti, V.J., Croft, J.B., Giles, W.H. (2009) Adverse Childhood Experiences and the Risk of Premature Mortality. *American Journal of Preventive Medicine*, 37(5) 389-396.
- Felitti,V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A. M., Edwards, V., ... Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245-258.

References Continued

Felitti, V. J. (2003). The “ACE” Study and Unaddressed Childhood Trauma Treatment [PowerPoint Slides] Presented at the Snowbird Conference Network of the Intermountain West and from Lanius/Vermetten Book Chapter 6/2007.

Putnam, F., Harris, W., Lieberman, A., Putnam, K., Amaya-Jackson, L. (2015). *Opportunities to Change the Outcomes of Traumatized Children: The Childhood Adversity Narratives CAN*. Retrieved from https://medicine.yale.edu/childstudy/fcpb/approach/evidence/CAN_Narrative_4-8-15-Ryan-Final_216922_123098_31225_v4.pdf

Trauma-Informed Care- New Publication. (Spring 2014). SAMHSA News. Vol. 22(2). Retrieved from samhsa.gov/samhsaNewsLetter/Volume_22_2/trauma_tip/guiding_principles.html

Stevens, J.E. (2012). The Adverse Childhood Experiences Study: The largest, most important public health study you never heard of, began in an obesity clinic. *ACES Too High News*, 1-2.

Questions?

Thank You!

Contact information:

Sandra.groenewold@thedacare.org