Trauma Informed Adult Primary Care

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DNP 680 Scholarly Project Three

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Abstract

This project was a quality improvement project designed to implement trauma-focused care and adverse childhood experiences screening (ACEs) for adults in the primary care setting who were diagnosed with anxiety or depression. A toolkit including mental health resources and an ACEs screening tool was provided to 12 providers in the primary care clinic. Adult patients 18 years and older diagnosed with anxiety and depression in a private primary care practice were screened and provided community and mental health resources when appropriate. A feedback survey to qualitatively analyze the quality improvement initiative was given to the providers pre and post-project implementation. Outcome measures included the number of patients screened for ACEs, the number who met criteria for ACEs and correlation of ACEs scores with PHQ-9 and GAD-7 scores. Results indicated a positive correlation between PHQ-9 and GAD-7 scores with a p-value $< .001$.

Keywords: Adverse Childhood Experiences, adults in primary care, screening, depression, anxiety

Trauma Informed Adult Primary Care

Adverse childhood experiences (ACEs) are defined as events occurring during childhood that can potentially cause trauma (Boullier & Blair, 2018). Trauma can be any event where the individual perceives a life-threatening or life-changing event. Events may include abuse, neglect, and dysfunctional home environments (Boullier & Blair, 2018; Felitti et al., 1998). The effects of childhood trauma can have long-term effects on emotional and physical health, which carry into adulthood (Boullier & Blair, 2018). Studies have shown that adverse childhood experiences lead to increased risk behaviors such as smoking, addiction, and other high-risk behaviors, increasing the risk of chronic illnesses (Boullier & Blair, 2018; Felitti et al., 1998; Huffhines et al., 2016; McCrory et al., 2015). In addition, long-term stress affects the development of the brain, immune, and endocrine systems, increasing the risk of developing chronic illnesses later in life (Bryan, 2019).

Providers can screen for trauma using a screening tool previously developed to screen pediatric patients for adverse childhood experiences. The screening tool has been adapted to be used for adults. The screening tool is free for providers from ACES Aware (California Surgeon General's Clinical Advisory Committee, 2020). Providers have an opportunity to recognize and provide resources for patients who have a score of one or more on adverse childhood experiences screening (Kalmakis et al., 2017). Many patients who have suffered childhood trauma may not even be aware that anxiety or depression is caused by the events early in their lives (Bryan, 2019). Early childhood trauma patients may need additional resources to provide holistic care and improve mental and physical health outcomes. Screening is one possible way to identify patients who have experienced adverse childhood experiences (Bryan, 2019).

Barriers to screening patients for adverse childhood experiences in primary care include time constraints, the comfort level of questioning patients, knowledge of resources and ability to help, and fear of causing additional stress or anxiety (Kalmakis et al., 2016). The barriers create missed opportunities for preventing chronic disease in adult patients who have experienced adverse childhood events (Felitti, 2017). Providing a screening tool and locally available resources can help providers have more confidence in asking some difficult questions about past trauma (Leasy et al., 2019).

Adverse Childhood Experiences began drawing attention, starting with the original adverse childhood experiences study performed by Kaiser Permanente and the CDC from 1995 to 1997 (Felitti et al., 2019). ACEs explore ten categories of trauma, including physical, emotional, and sexual abuse, neglect, witnessing domestic violence, having a family member with a mental illness or substance abuse illness, having a family member in prison, and losing a parent because of divorce (Bryan, 2019). As the interest in adverse childhood experiences increased, adaptations to the original questionnaire have been developed. In May 2020, a screening tool was published by the California Surgeon General's Clinical Advisory Committee (2020) for screening adult patients for adverse childhood experiences.

Many chronic illnesses have been caused by or exacerbated by lifestyle and behaviors, including heart disease, bronchitis, emphysema, asthma, and diabetes. Other behaviors related to chronic conditions include substance misuse and suicide attempts (Bryan, 2019). Unfortunately, seeing patients for adverse childhood experiences in primary care is not routinely performed, with less than 33% of nurse practitioners screening for adverse childhood experiences in primary care (Kalmakis et al., 2017). A quality improvement project can assist primary care providers with a tool kit to screen adults for adverse childhood experiences using the ten-question short too

(Screening for Adverse Childhood Experiences: Literature Review and Practice Implications, 2021)

Review of Literature

Trauma has been identified as a public health risk. The increase in suicides, mass shootings, substance addiction, and drug-related deaths have helped shed light on the importance of identifying trauma and spurred action to implement trauma-informed care in health care (Wheeler & Phillips, 2021). There is a need for trauma-informed care within the primary care setting, allowing primary care providers to understand the effects of trauma on patients' mental and physical health (Felitti et al., 1998). There are ways for primary care providers to identify trauma, including early trauma.

Adverse Childhood Experiences

The original Adverse Childhood Experiences (ACEs) work began as a joint effort between the Centers for Disease Control and Prevention and Kaiser Permanente in the 1990s (Felitti et al., 1998). The study concluded that people who scored four or more on the ACEs screening were at a higher risk for chronic health-related problems compared to groups who scored zero on the screening (Wade et al., 2017). The CDC has reported that 61% of adults have at least one ACE, with 16% having four or more. Therefore, improving awareness of ACEs can help provide better support, decrease the negative stigma, and promote safe environments for the community and patients (Centers for Disease Control and Prevention, 2019).

Complications of ACEs on Physical Health

Knowledge of the effects of childhood trauma has been known for over twenty years. In addition, many studies have been completed over the last few years, and the studies have shown that ACEs can negatively impact health, expanding into the adult years (Stevens, 2022).

Many chronic diseases have been studied related to adverse childhood experiences, including heart disease, COPD, anxiety, depression, substance abuse, suicide attempts, obesity, cancers, and diabetes (Huffhines et al., 2016). Stress activates the body's stress response system, including the hypothalamic-pituitary-adrenal axis, nervous system, and immune system, potentially causing multi-system adverse mental and physical health effects (Huffhines et al., 2016). ACES has been linked to six of the ten top chronic diseases that lead to death, including cancer, heart disease, COPD, suicide, diabetes, and injuries (Stevens, 2022).

Complications of ACEs on Mental Health

ACEs have a direct effect on mental health. The studies have shown that many neurological changes occur with early adverse experiences. Furthermore, the severity of changes is related to the number of adverse events and the length of exposure (Nelson et al., 2020). There are differences in gray and white matter and brain size in patients exposed to early childhood adverse experiences (Nelson et al., 2020). These changes can lead to a variety of mental health issues. For example, generalized anxiety disorder increases with Adverse Childhood Experiences. Individuals who suffered early childhood trauma are more likely to develop generalized anxiety disorder and major depressive depression than those with no history of adverse childhood experiences, increasing the risk of suicide (Poole, Dobson, & Pusch, 2017).

Social Determinants of Health

The Centers for Disease Control and Prevention (CDC) defines social determinants of health as non-healthcare-related conditions that affect individuals' health outcomes, such as their environment (Centers for Disease Control and Prevention [CDC], 2021; Social Determinants of Health - Healthy People 2030, 2021). There are five areas within the social determinants of health: healthcare access and quality, education access and quality, social and community,

economic stability, and neighborhood and environment (CDC, 2021). The impacts of ACEs on the social determinants of health result in poor mental and physical health outcomes (CDC, 2019). Access to appropriate healthcare and quality is vital in identifying adverse childhood experiences early. The earlier that patients get proper treatment for the ACEs, the more positive its impact on the social, community, economic stability, and environment (Centers for Disease Control and Prevention [CDC], 2021).

Adverse Childhood Experiences contribute to many negative outcomes in adult health and wellbeing. Lifestyle choices, education, and income cannot be ignored when discussing adverse childhood experiences (Metzler et al., 2017). Lifestyle impacts both the mental and physical health of individuals. Poor lifestyle choices can lead to sexually transmitted infections, substance use, and a sedentary lifestyle, which increases rates of morbid obesity with co-morbidities, intimate partner violence, and suicide (McCrory et al., 2015). In addition, early childhood adversity leads to lower education and lower income and socioeconomic impacts, leading to patients without resources for counseling services or the ability to afford medications to treat anxiety and depression (Metzler et al., 2017). These social determinants of health further increase the risk for poor physical health and morbidity and mortality (Metzler et al., 2017).

Use of Screening in Primary Care Settings by Providers

Even though data has shown the correlation between early childhood trauma and chronic diseases, substance use illnesses, and suicide, there has been little movement in primary care clinics to implement ACEs screening (Felitti, 2017). However, questionnaires included in medical history have shown to be beneficial and take very little additional time (Kalmakis et al., 2017). In addition, Felitti (2017) states that the questionnaire can be used for adult patient screening. The reported outcomes included a 35% reduction in in-office visits and an 11%

reduction in emergency room visits over the next year (Felitti, 2017). An additional benefit of discussing ACEs screening results includes providing trauma-centered care for patients, developing a more holistic relationship, and driving quality of care (Leasy et al., 2019).

Interventions

Patients who have ACEs screening may benefit from additional resources such as counseling services or support groups, aligning with the conservation model of helping individuals recognize environmental elements that affect health outcomes (Leasy et al., 2019). Providers should assess adverse childhood experiences to understand the contributors to the disease process as a part of the picture, including social environment, determinants of health, diet, and financial concerns (Huffhines et al., 2016; Menschner & Maul, 2016). Creating a safe environment and understanding trauma in early childhood is essential for successfully implementing trauma-centered care for adults in the primary care setting (Menschner & Maul, 2016). The need for providers to be more aware of the health outcomes of patients who have suffered from adverse childhood experiences is essential in providing care to help the patients recover from these traumatic events (Wheeler & Phillips, 2021)

Purpose

This quality improvement project aimed for provider implementation of ACEs screening along with PHQ-9 and GAD-7 in the primary care setting for adult patients diagnosed with anxiety and depression. This project created a system change where providers implemented the ACE screening tool and utilized the toolkit of mental health resources to improve the quality of care in patients diagnosed with depression and anxiety. Outcome measures included comparing the ACEs score with the PHQ-9 and GAD-7 scores to identify the dose-response relationship between increased adverse childhood experiences scores and increased depression and anxiety.

In addition, the providers were given a pre and post-survey to gain feedback on trauma-informed care and the toolkit provided.

Methods

Adverse Childhood Experiences screening occurred on adult patients over the age of 18 years with a diagnosis of anxiety and depression presenting to the primary care clinic (Kalmakis et al., 2017). The data collected ensured the patients' privacy by utilizing a numbering system and removing identifiable patient information using Intellectus secure software program, with no third parties included in data collection. Intellectus was the statistical program used to input data from the project and run statistical analysis.

The project was approved by the Institutional Review Board (IRB) at Lenoir-Rhyne University in Hickory, North Carolina, and the IRB of the research oversight for the primary care clinic. No identifiable patient information was collected. All patients with an ACE score were offered appropriate referrals for counseling or other mental health services. No compensation was provided for patients screened for adverse childhood experiences

Participants

The participants included the practice partners, nurse practitioners, physician assistants, and medical assistants. The sample size was twelve providers in the practice, excluding pediatric and orthopedic providers. Recruitment was voluntary. The primary care providers were given the ACEs screening tool (California Surgeon General’s Clinical Advisory Committee, 2020) and education to screen adult patients diagnosed with anxiety and depression. In addition, providers were given trauma-informed care education, including the effects of trauma, signs and symptoms of trauma, and data showing the importance of identifying trauma in adults. The instructions were presented using a narrated PowerPoint presentation. Finally, a toolkit was developed,

including a list of local resources for providers and brochures for patients identified based on positive screens (see Appendix A).

Procedures

The medical assistants gave the ACE screening tool and the PHQ-9 and GAD-7 screening tools when rooming the patients. The patient completed the forms and returned them to the medical assistant or directly to the provider. The primary care providers discussed the screening tools with the patients and offered behavioral health services for those patients who scored one or more on the ACEs screening tool. Referrals were made by the primary care provider if accepted by the patient. In addition, the providers documented the patients' acceptance or refusal of behavioral health referrals. The screening tool is a paper questionnaire upon initiation of the project to integrate it into an electronic record in the future. The sampling method was in the form of chart reviews and collection of the screening tool by the researcher.

Measures

ACEs Screening Tool

The adverse childhood experiences screening tool was given to the providers with education trauma-informed care and the use of the screening tool. The questionnaire was given to the patient as a part of the patient's history, and the provider addressed any positive response with the patient (Screening for Adverse Childhood Experiences: Literature Review and Practice Implications, 2021).

Toolkit

The toolkit included a brochure with referrals to counseling or other behavioral health services, including Alcoholics Anonymous and Narcotics Anonymous groups, local counseling services, food bank services, inpatient and outpatient substance use rehabilitation services, and

local health department services. A list of local resources for providers was also included in the toolkit.

Data Analysis

Pearson Correlation data analysis was used to compare the PHQ-9, GAD-7, and ACE scores to note the relationship between the scores. In addition, the number of providers that implemented the screening tool and provided patient resources was collected. Finally, pre and post-surveys were emailed to providers with the intention of qualitative analysis of the quality improvement initiative.

Results

Five providers participated in the project, with two medical doctors, two nurse practitioners, and one physician assistant. Before project implementation, zero patients were screened for adverse childhood experiences; 45 patients were screened using the new protocol after implementation. Data analysis showed a positive correlation between PHQ-9 scores and GAD-7 scores with a p-value <.001. However, there was no significant correlation between PHQ-9 and ACEs with a p-value of .573 or GAD-7 and ACEs with a p-value of .573 (see Table 1). One hundred percent of adults who had a positive screening of one or more adverse childhood experiences were offered a referral to a behavioral health professional (Bryan, 2019).

Table 1

Pearson Correlation Results Among PHQ9, GAD7, and ACES

Combination	*r*	95.00% CI	*n*	*p*
PHQ9-GAD7	.61	[.38, .76]	45	< .001
PHQ9-ACES	.11	[-.19, .39]	45	.573
GAD7-ACES	.16	[-.14, .44]	45	.573

Note. *p*-values adjusted using the Holm correction.

One hundred brochures were given to patients because some were left in the lobby for patients to pick up.

Although verbal feedback from the providers was overall positive with a desire to continue screening, providers did not return the pre and post-surveys for formal evaluation. The participants' positive verbal feedback included satisfaction with the toolkit, which was utilized for all patients who received the ACEs screening tool. The overall feedback was a desire to have a behavioral health provider in-house to care for patients with adverse childhood experiences and other mental health illnesses.

Discussion

This quality improvement project on Adverse Childhood Experiences screening implementation in adult primary care revealed a correlation between the PHQ-9 and GAD-7 screening; many individuals have both major depressive disorder and generalized anxiety disorder. In addition, both depression and anxiety have overlapping symptoms. For example, major depressive disorder can create anxiety, and generalized anxiety disorder can also cause depression (Nelson et al., 2020).

There are significant gaps in primary care, mental health, and substance use services (Keynejad et al., 2021). According to Keynejad et al. (2021), primary care providers need tools, support, and training to care for patients presenting with mental health and substance use illnesses. This project focused on training and providing resources for primary care providers using trauma-informed education and the ACEs screening tool. The providers were also given a toolkit with a list of local resources and a patient brochure with patient resources.

The focus on reducing health disparities and improving health care outcomes has included a primary focus on environment, economic status, and lack of resources specifically the impact of poverty, education levels and status of employment (Keynejad et al., 2021) However, reducing health disparities should also include changes at every level of the health care system

(Brown et al., 2019). Primary care engagement is critical in developing and implementing awareness, diagnosis and treatment of factors that adversely influence patient outcomes, including ACEs (Brown et al., 2019). The toolkit and advocacy for use of resources for patients is one step toward mitigating these adverse outcomes and documentation of efforts, such as in the electronic health record can hold providers accountable for this patient-centered care (Burstein et al., 2021)

Limitations

Limitations of the project include barriers to implementation, time constraints and knowledge deficits related to resources and conversations related to childhood trauma, and a small convenience sample size. Five providers chose to participate in the project out of the twelve possible providers in the primary care clinic. The small number of primary care providers' participation identifies the need for additional focus on the importance of trauma-informed care (Stevens, 2022).

Conclusion

Adverse childhood experiences can have long-lasting effects, including chronic diseases, mental health illnesses, and high-risk behaviors (McCrory et al., 2015). Screening adult patients diagnosed with anxiety and depression can begin by identifying patients who have had adverse childhood experiences. Identification can lead to a more holistic approach to primary care considering mental health and physical health, preventing chronic disease, anxiety, depression, and suicide (Kalmakis et al., 2017).

The need for providers to be more aware and understand how ACEs affect their patients is essential in providing culturally competent care (Wheeler & Phillips, 2021). Additional training is needed to help primary care providers overcome the barriers to screening patients in

the primary care setting (Stevens, 2022). The earlier the adverse childhood experience is detected, the better the chances for recovery (Boullier & Blair, 2018; Stevens, 2022).

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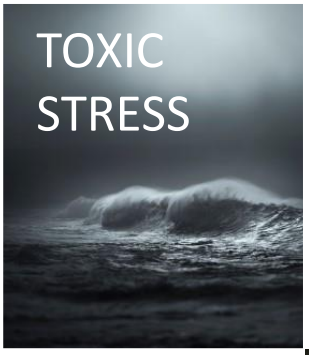
Appendix A



What Is It

Adverse Childhood Experiences

Exposure to Physical, Emotional or Sexual Abuse

Post-traumatic stress

Long Term Stress Affects Physical and Mental Health

Increases the risk for Chronic Illness including COPD, Heart Failure, Depression and Anxiety

Your Health
Past
Present
Future

There Is Hope

- Talk with your provider to make them aware of events past or present that may contribute to toxic stress
- Your provider can help with chronic illness prevention and management
- Your provider can help with other resources that may be helpful for you

Agency	Address	Phone Number
Alcohol Anonymous	812-C Wynnshire Drive, Hickory	877-960-4785
Area 51 District 12 Alcohol Anonymous	-Flynn Home 721 W Union St Morganton -Queen St Club 923 E Union St Morganton -St. Mary's Episcopal Church 140 St. Mary's Church Rd Morganton -First Presbyterian Church 100 Silver Creek Rd Morganton	Hotline English: 1-877-960-4785 Hotline Spanish 828-291-8465
Narcotic Anonymous	-First United Methodist Church 9 Lakeside Drive Granite Falls -Saint Aloysius Church 921 2nd St NE Hickory -North Morganton Methodist Church 990 Sanford Drive Morganton -Queen St Clubhouse 923 East Union St Morganton	866-801-6621
Food Banks	-Food Distribution Center Burke United Christian Ministries 305B W Union St Morganton -Food Distribution Center Morganton Church of Christ 404 Lenoir Rd -Food Distribution Center The Outreach Center 521 Flemming Dr Morganton	Food: 828-443-8075 Clothing: 828-443-8075 ext. 226 828-483-0478 828-439-8300

Agency	Services Provided	Address	Phone Number	Insurance
Catawba Valley Behavioral Healthcare Morganton Clinic	ACT Team (Care Management) Life Skills Outpatient Treatment Residential Services Mobile Crisis Management	301 E Meeting St	828-624-1900	Private Insurance Self-Pay Medicaid (Hickory Office)
A Caring Alternative	Therapy Substance Use Disorder DBT Group Wellness Recovery Action Planning Psychiatric and Medication Management	617 Green St #30 Morganton	828-437-3000	
Universal MH/DD/SAS	Assessments and Evaluations Case Consult Community Living and Support Community/Networking Psychosocial Rehab Substance Abuse Supported Living	223 Avery Avenue Morganton	828-438-0006	Self-Pay Medicaid Private Insurance
Mimosa Christian Counseling	Counseling services for depression, anxiety, grief & loss, adjustment to life changes, marital and pre-marital counseling, trauma, abuse, separation or divorce, self-worth, relational concerns, marital and couple.	220 Burkemont Ave Morganton	828-433-5600	Private Insurance
Carpe Diem Counseling Practice	Personal crisis (depression, anxiety, loss, values, purpose) Relationships (marriage and family) Personal awareness	805 West Fleming Drive Morganton	828-437-1533	
Fresh Start Counseling Services	Substance Abuse Depression Relationships Crisis Intervention Physical and Sexual Abuse	512 E Fleming Drive Morganton	828-443-0005	Private Insurance Medicaid