

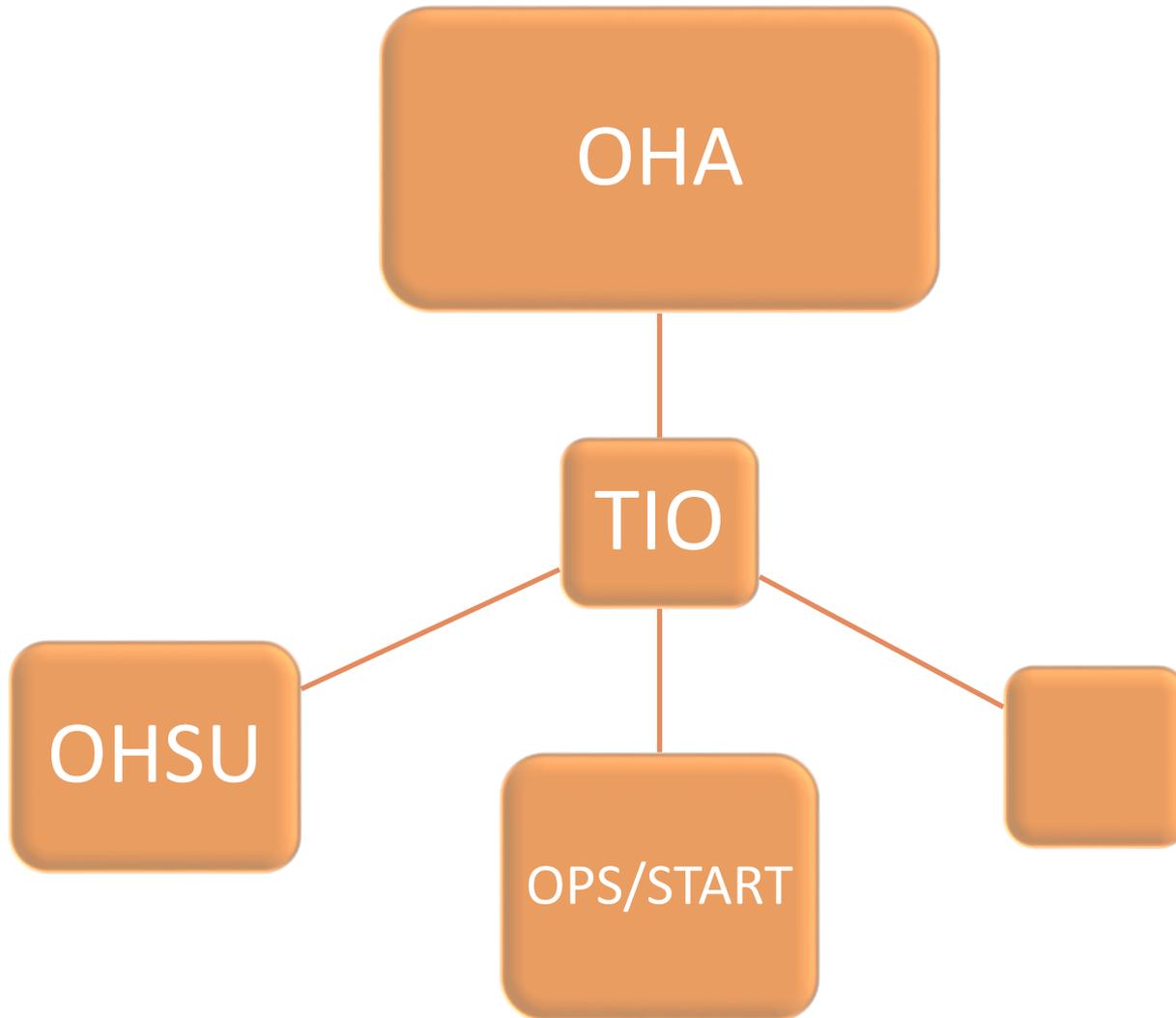
# ACEs and Trauma Informed Care: Healthcare Education Efforts

CCM Summit  
Nov 17, 2015

# Goals

- **Increase knowledge** about Trauma/ACEs among healthcare providers throughout the state.
- **Introduce** the concept of **Trauma Informed Care**.
- **Encourage** clinics to consider a range of possible responses.
- **Understand** that this is a process, not an end result.

# Funding Stream



# START



## START Training Modules

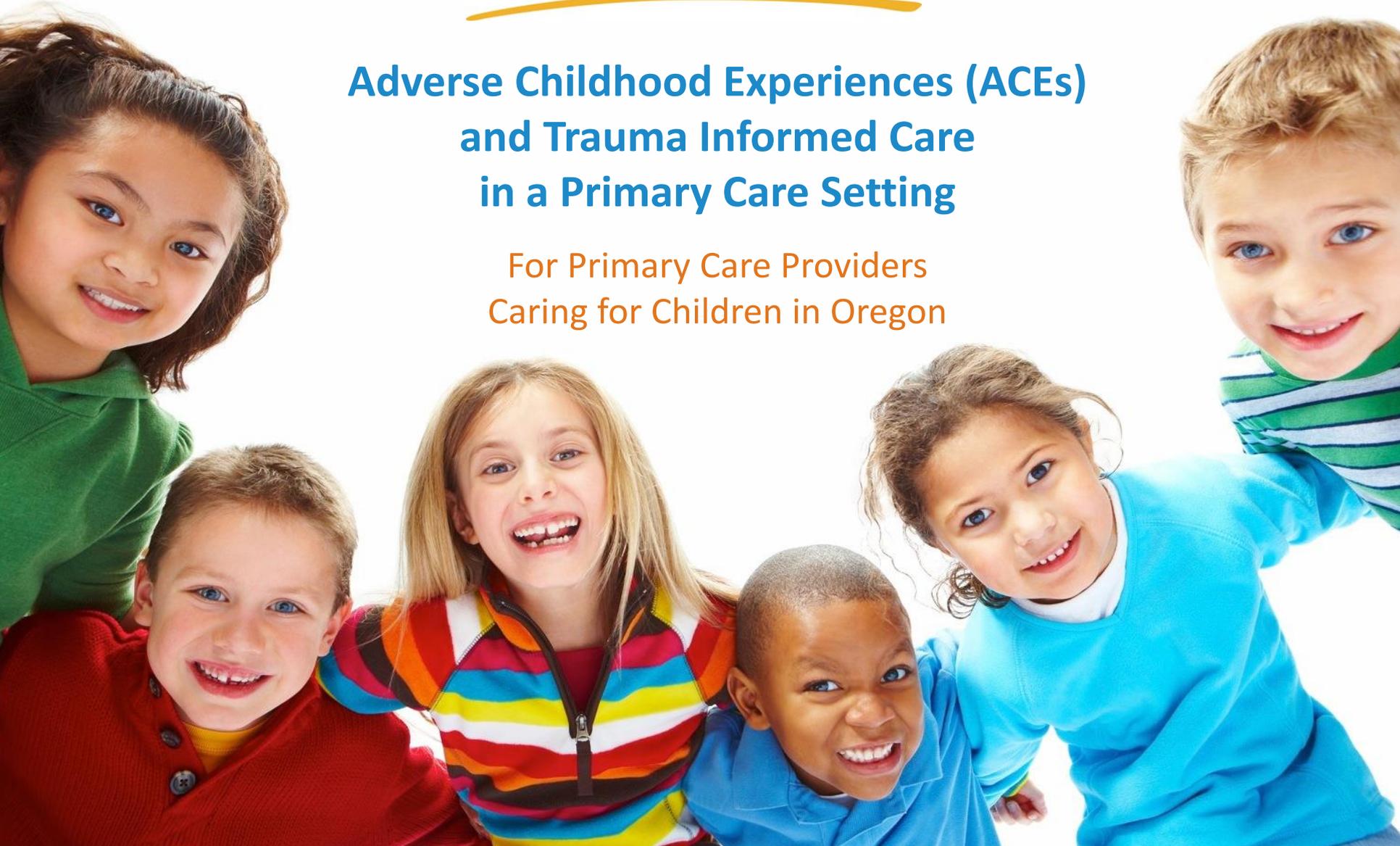
- Adolescent Depression Screening, Diagnosis, Treatment and Referral
- Adolescent Substance Use/SBIRT
- Autism Spectrum Disorder Screening
- BASIC Developmental Health Screening
- Behavioral Health Integration
- Peripartum Mood Disorders Screening
- ACEs/Trauma-Informed Care



# START

## Adverse Childhood Experiences (ACEs) and Trauma Informed Care in a Primary Care Setting

For Primary Care Providers  
Caring for Children in Oregon



# Contributing Colleagues

- Ken Carlson, MD
  - Deborah Carlson , MD
  - Meg Cary, MD, MPH
  - Tam Grigsby, MD
  - RJ Gillespie, MD, MHPE
  - Peg King, MPH
  - Dean Moshofsky, MD
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- ◆ Gretchen Morehouse: START Program Assistant

# Training options

**Duration:** 1-3 hours

**Settings:** Individual Clinics  
Grand Rounds  
Conference Workshops  
TIO Regional Meetings

# Training Content

## Intro to ACEs/Trauma

- Science behind findings
- Treatment Implications for patients
- Implications for Preventive Medicine
- Historical Trauma
- To Screen or Not to Screen
- Trauma Specific Treatment Options

## **Trauma Informed Care:**

- As a public health issue
- In a public health framework
- Importance of Self Care
- Presentation in a clinical practice
- The importance of listening
- Cultural Humility
- Community Context

## **Next Steps**

# ACEs & Trauma Informed Care

## START Trainings



# People Trained

- Total Attendees: 645
- Primary Care Providers: 236

**Total Includes:** Front Office Personnel, Managers, Nursing Staff, Dentists, Mental Health Providers, Pharmacists, Social Workers

# Evaluation Highlights

- The training content was relevant to my practice
- 81% strongly agreed
- Training increased my knowledge of ACEs and TIC
- 79% strongly agreed
- Training increased my ability to recognize current manifestations of ACEs in my patients and families
- 70% strongly agreed

# Continued

- As a result of this training, “I will be a role model in non-judgemental behavior.”
  - 77% strongly agreed
- I will share this information with my family, coworkers and community
  - 80% strongly agreed
- How committed are you to being more trauma informed in your work?
  - 69% strongly committed

# What We Have Learned

- Most clinicians think this is a relevant topic
- Most clinicians and clinics feel overwhelmed as to what their 'next steps' might be.

# Fears/ Anxieties

- Not enough time
  - Not enough resources
  - Lack of mental health training
  - Above all 'do no harm'
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- ✧ **Clinicians do not normally develop programs or treatment protocols**
  - ✧ **Guidelines usually come from a national level**

# Our Next Steps

- ACEs/TIC 201
- Learning Collaborative vs Assistance within individual settings
- Balance: responding to requests with strategic plan for outreach

# Thank You

