

Introduction

Background: Trauma-Informed Care (TIC) is an organizational approach to recognizing and responding to the impact of trauma on people. Currently, medical students lack an understanding regarding the impact previous trauma has on patients. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The study resulted in the development of an ACE score, used to assess cumulative childhood stress. A dose-response relationship was observed between ACE scores and negative health and well-being outcomes. For example, as the number of ACEs increase, so does the risk for alcoholism, depression, COPD, liver disease, financial stress, intimate partner violence, smoking, and suicide. As medical education evolves in its approach to patient-care, socioeconomic and psychosocial factors have become normalized risk factors for various diseases. However, little is being done to develop a trauma-informed approach to patient care. Through the American Psychiatric Association Foundation, we received a grant that allowed us to bring TIC to the community. We worked with Helping Hands homeless shelter to change the culture around trauma and related health problems in the Springfield homeless population. By helping to make the shelter more trauma-informed, all staff and participating students would learn to view clients through a TIC lens. Medical students would then take this training into their future medical practice.

Objectives

- Objective 1:** Increase medical students' awareness of trauma in homeless patient populations, and to teach students to administer the ACE survey in one-on-one settings
- Objective 2:** Build resilience in medical students to prevent secondary trauma
- Objective 3:** Teach clients about risk of trauma, and increase awareness of resources to address trauma
- Objective 4:** Students and clients mutually develop a TIC shelter space/environment
- Objective 5:** Address issues of individual trauma and build resilience in clients
- Objective 6:** Train Helping Hands staff, administration, and board of directors and healthcare providers involved in provision of care and services at the shelter



Figure 1: SIU SOM students and Helping Hands Clients making the shelter more trauma-friendly

Methods

Project design: Our project was multifaceted. While the main objective was to increase awareness regarding trauma in the homeless population, we also aimed to improve the medical student curriculum. To effectively bring about change within the curriculum, students played a key role in implementing the trauma-informed care curriculum. The table below highlights the activities that students participated in both within the curriculum and the Helping Hands shelter.

Medical Students	Helping Hands Shelter
<ul style="list-style-type: none"> • SAMHSA training was carried out for all interested medical students • SAMHSA training sessions were also used to teach medical students about healthy coping practices to prevent and/or respond to presence of secondary trauma • Students were then trained in groups on how to properly screen for ACEs using the ACE questionnaire • Only students who underwent training were able to screen at the shelter 	<ul style="list-style-type: none"> • Following SAMHSA training medical students were responsible for developing client presentations • Presentations were delivered weekly at Helping Hands to groups ~3-10 clients • Following presentations, optional ACE screening was offered to attendees • Screened clients were connected with trauma therapy via Seeking Safety curriculum

Additionally, students conducted focus groups for TIC volunteers as well as administered post-encounter questionnaires to assess the perceived value of TIC within the medical education curriculum.

Results

Over the course of the previous year, over 14 medical students were given instruction on how to administer the ACE survey during a 1.5 hour training. This training was led by medical students who are going to pursue psychiatry.

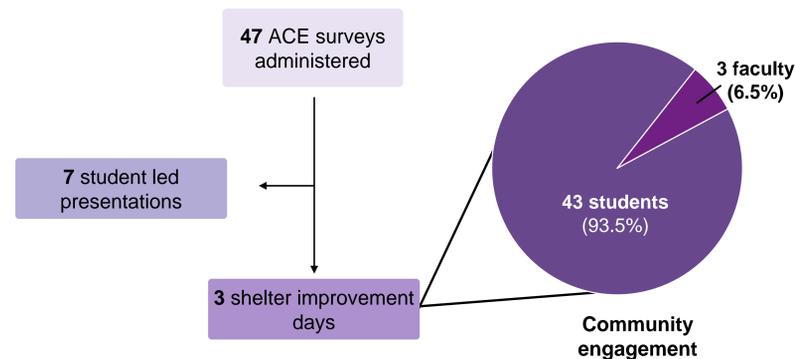


Figure 2: Number of students and faculty involved in implementing the TIC curriculum and project at SIU SOM from 2017 to 2018.

Student Questionnaire results: Following initial implementation of the TIC curriculum, students were delivered a questionnaire regarding the impact of TIC on their training. The survey results indicated that TIC training has made students "more aware about the reasons behind patients behaviors," and helped them "understand that ACEs are a significant risk factor for many chronic illnesses. When asked how TIC will affect their future practice, students indicated that it will help them continue to view patients as an entire story and remove many assumptions regarding different behaviors. TIC training allowed students to "gain a real sense of empathy and compassion" and "to view people as themselves instead of their actions that may have been influenced by previous trauma."

Discussion

The Trauma-Informed-Care training program that initially began as a way to raise awareness about the impact of previous trauma on mental and physical health has served as a catalyst for larger conversations within the Springfield, IL medical community. Following the implementation of the TIC training sessions and ACE screenings at Helping Hands, a trauma group was started at the homeless shelter and has retained 86% of the residents who began the group. Currently, medical students are going to the shelter to deliver educational sessions, and immediately screen for ACEs afterwards. Clients are referred to the trauma group after they have been identified as having experienced a trauma and are of sound mind.

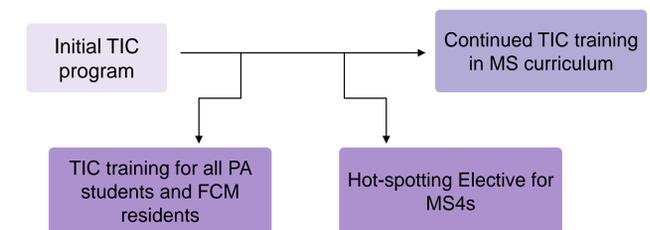


Figure 3: schematic demonstrating outcomes of initial TIC program within SIU SOM curriculum

The schematic above demonstrates the withstanding impact that our program has had throughout its pilot year. Following the implementation and delivery of the TIC curriculum, the curriculum has been expanded to become a required component in residency and physician assistant training. A change in policy for graduation for FCM residents and PA students in Carbondale now requires TIC training prior to graduation, demonstrating the sustainability behind our partnership. Adults who were abused as children suffer physically, mentally, and emotionally. They are blamed, and often punished, for their inability to integrate into society and cope with their own past. They not only carry a considerably higher risk for addiction, chronic illness and premature death, they also are over-represented in our juvenile detention centers, our prison, our homeless shelters, and our mental health facilities. In order to address the association of chronic conditions to previous trauma, medical training needs to undergo a trauma-informed transformation. Through our partnership with Helping Hands in Springfield, we were able to provide the shelter clients with a new perspective on the impact of trauma. Additionally, we were able to implement a change in medical training that will hopefully allow physicians to take the trauma-informed principals into their future practices.

TIC in Clinical Setting

- Trauma Screening Recommendations:
 - Screening practices should be guided by clinical setting
 - Screening should benefit the patient
 - Rescreening should be avoided
 - Staff should be appropriately trained before screening is implemented
- Avoid re-traumatization
 - Patient care should include safety, respect, control, and choice
 - Trauma treatment services should utilize a strengths-based/resilience approach

BIBLIOGRAPHY

- "Violence Prevention." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 14 June 2016, www.cdc.gov/violenceprevention/acestudy/about.html.
- "Trauma-Informed Approach and Trauma-Specific Interventions." Chanell.baylor, 25 Apr. 2014, <http://www.samhsa.gov/hctc/trauma-interventions>.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. Am J Prev Med. 1998;14:245-258.
- Trauma-Informed Care in Homeless Service Settings- Pamela J. Miller, JD, MSW, LISW-S. <http://c.yimcdn.com/sites/www.naswoh.org/resource/resmgr/Docs/TICinHomelessNASWOHio.pdf>