



Session # J7

Quandary of Unexplained Symptoms: ACEs Screening and Intervention in Primary Care

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Faculty Disclosure

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

Clarke – Book Royalty – all donated to non-profit

Clarke – Shareholder in Curable – any gain will be donated

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe medical and mental health outcomes associated with ACEs
- Identify three methods used to assess for ACEs
- Identify three evidence-based interventions used to address trauma



Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

ACEs and PPDs

What are Adverse Childhood Experiences (ACEs)?

What are Psychophysiological Disorders (PPDs)?

Why should you care?

Why are these topics being presented together?



What are they and Why should you care?

ADVERSE CHILDHOOD EXPERIENCES

Stressful or traumatic events which occurred in childhood such as abuse or neglect.

Prevalence in primary care adults (Mouton et al., 2016)

- Zero ACEs 12-67%
- 4 or more 1-38%

Associated with negative health outcomes (Kalmakis & Chandler, 2015)

- Physical health consequences
- Early death
- Mental health and addiction

PSYCHOPHYSIOLOGIC DISORDERS

Physical symptoms that are not caused by organ disease or structural abnormalities and that are linked to psychosocial stresses.

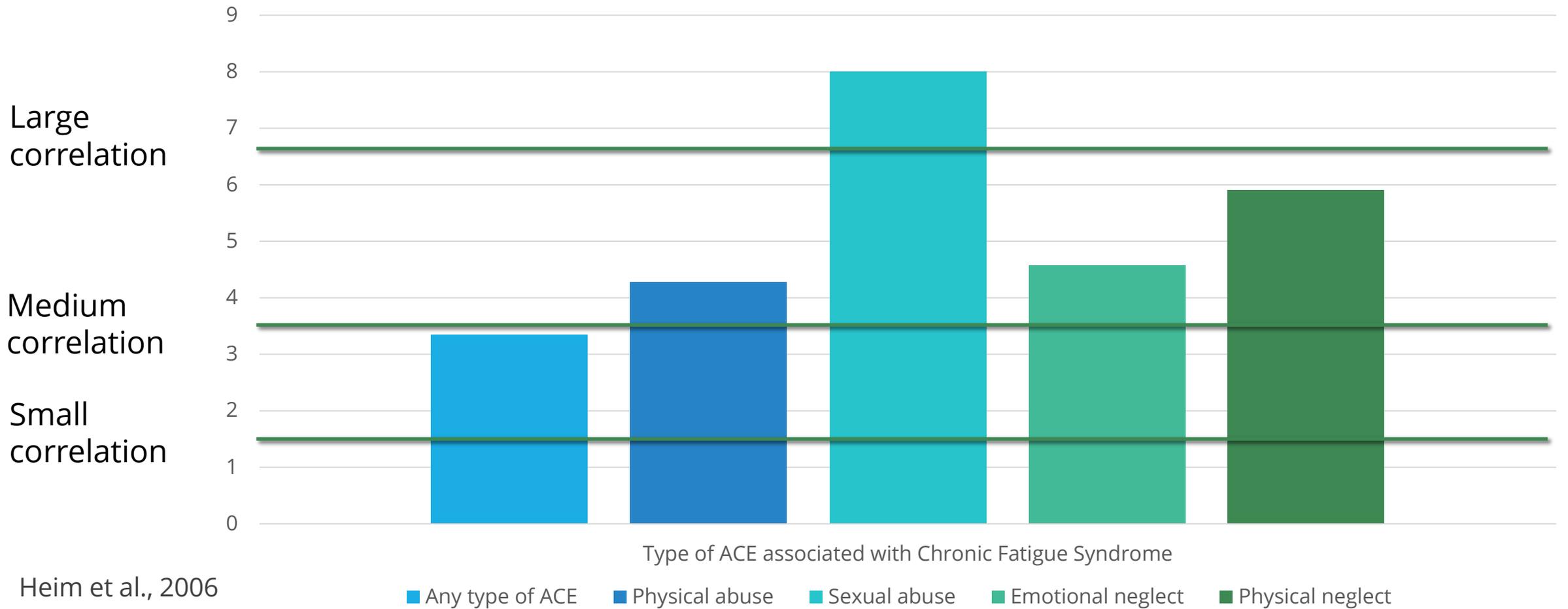
Prevalence in primary care (Haller et al., 2015)

- 40-49% at least one medically unexplained symptom
- 26-34% at least one PPD

Associated challenges (Haller et al., 2015)

- High rates of service utilization
- Strained physician-patient relationship
- Patient suffering

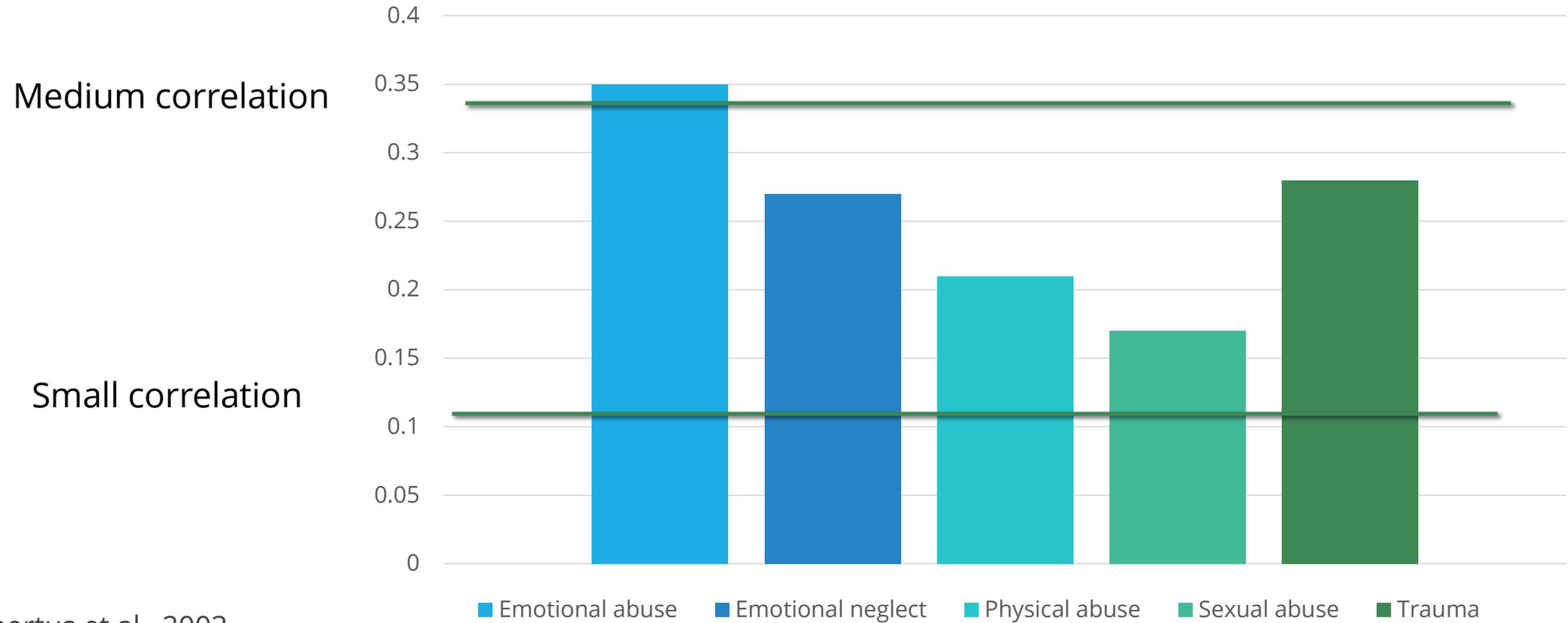
Odds of having an ACE comparing Chronic Fatigue cases vs non-fatigue cases from the general population of Wichita, KS



Heim et al., 2006



Childhood events associated with somatic symptoms in a sample of primary care adult women in Mississippi



Spertus et al., 2003

What can we do?

Screen

- Three different screening tools to identify ACEs
- Who do we screen?

Intervene

- Interventions that can be used by providers for identified patients

Screening for ACES

1. Who should be screened?
2. When should patients be screened?
3. How often should patients be screened?
4. How should patients be screened?

Screening for ACES

1. Who? Everyone should be screened.
2. When? At the beginning of a treatment relationship.
3. How often? Once, and when new symptoms arise, consider a Stress Inventory.

How to Screen for ACES

17-item inventory (Felitti et al., 1998)

11-item inventory

2-item questions

1 question

Health Risk Behavior & Disease related to Childhood Adverse Events

- 17-items
- 7 categories: physical, emotional, sexual abuse, violence against mother, drug or alcohol abuse, mental illness or suicidal, criminal behavior.
- Disease conditions: Ischemic heart disease, cancer, chronic lung disease, skeletal fractures, liver disease, poor self-rated health showed a graded relationship to the breadth of childhood exposures.
- The correlation was not seen with diabetes or stroke
- Mechanisms: Behaviors such as smoking, alcohol or drug abuse, overeating, or sexual behaviors. (Feletti et al., 1998)

11-Item Screen

11-Item Screen in 2 domains: Abuse and Household dysfunction, 8 categories

Eliminates questions on emotional and physical neglect

1. Verbal abuse: Swear, insult, put you down > once
2. Physical Abuse: Hit, beat, kick physically hurt you (not spank) > once
3. Sexual abuse: (5 yrs older) touch you sexually, make you touch them or force sex: once or more
4. Household Mental Illness: Living with anyone depressed, mentally ill or suicidal
5. Incarceration: Served time or sentenced to correctional facility
6. Household Substance Abuse: Living with a problem drinker or drug abuser
7. Parents separated or divorced
8. Witness Domestic Violence: slap, hit, kick, punch, beat Once or more (CDC, 2010)

2-item Screen

Selected the two most prevalent items from 11-item screen:

- Childhood Emotional Abuse
- Household alcohol

42% of respondents had one or both

No substantive difference between 11- and 2- items in association with health outcomes

2-item Screen (Using 11-Item Screen as Standard ACE Diagnosis)

	Sensitivity	Specificity
One Positive Item	99%	66%
Two Positive Items	70%	94%

Existing Screening Tools

4 or more ACES correlate with many chronic medical conditions and early death and is a predictor of health behaviors.

17 and 11 item tools **too long for use** in the office use but could be self-administered in waiting room.

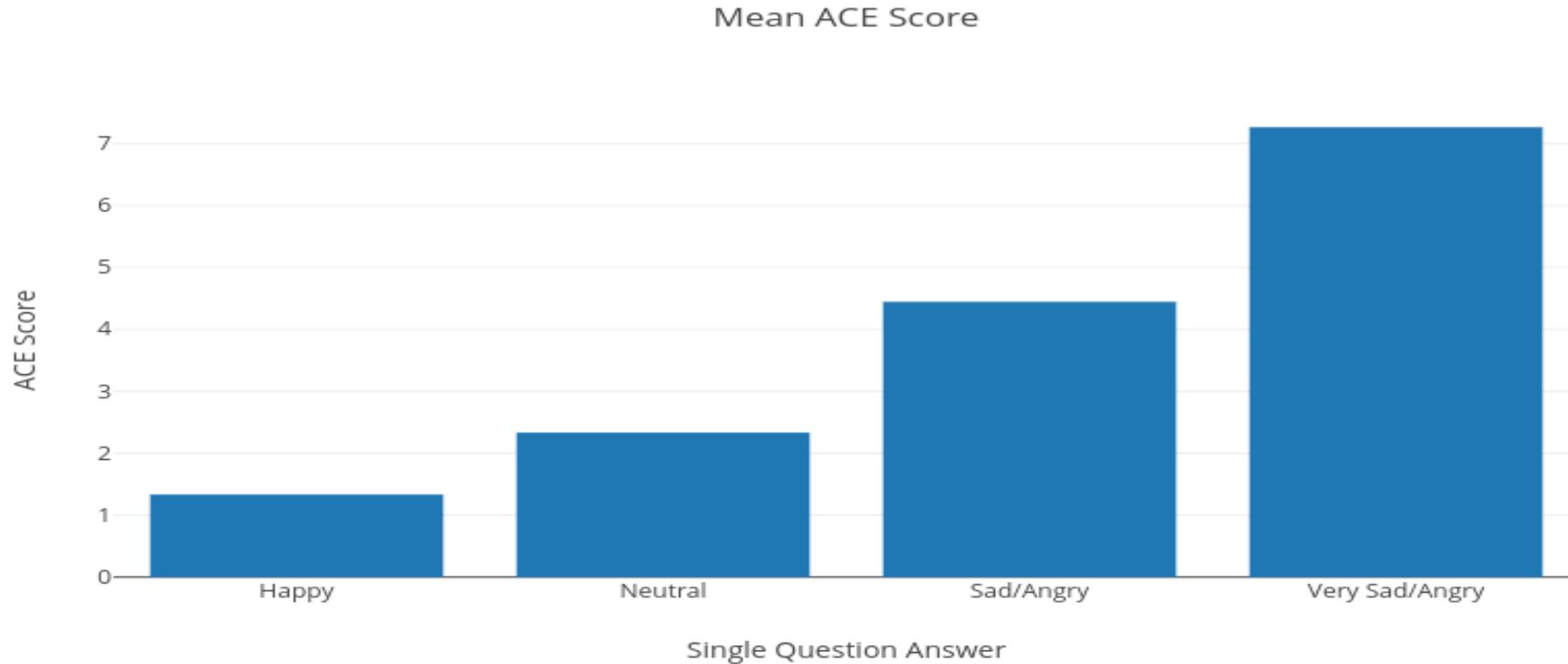
11-item eliminates emotional abuse and physical neglect, both important ACEs

2-item tool is **not sufficiently sensitive and specific**

ACES measure the **number** of positive **categories** of ACEs.

We suggest that **severity** and **duration, absence of resources** may be more significant determinants of MUS than the different types of ACE. This requires more study.

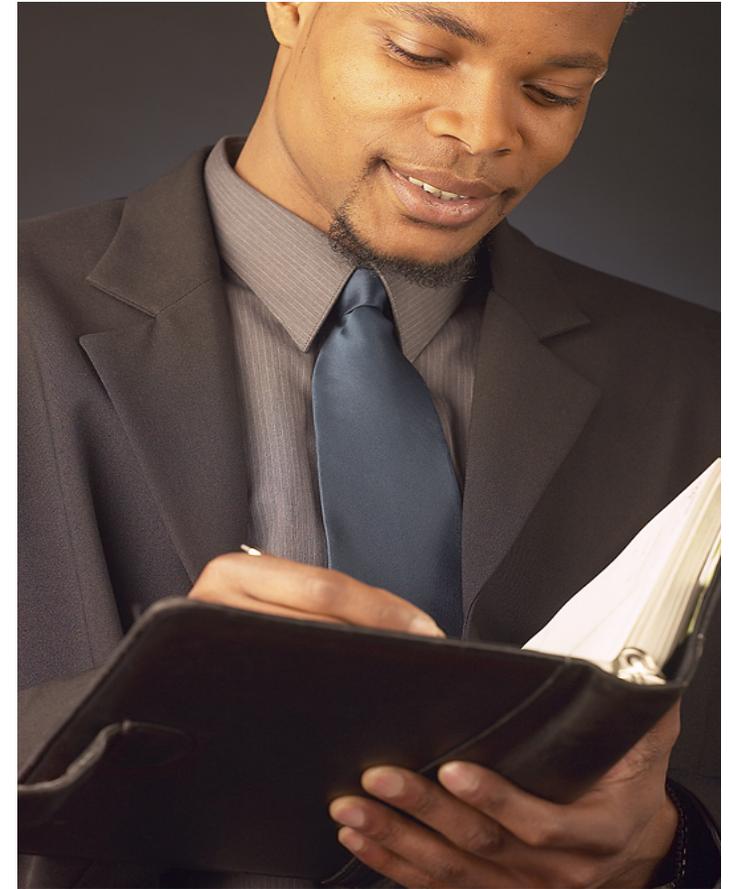
“How would you feel if you learned that a child you care about was growing up exactly as you did?”





Diagnosis of ACEs

Ask the
Patient to List
Their
Stresses, Past
& Present





Treatment of ACEs

Self-Care Time



Childhood Stress Treatment

Buried Emotions
need:

1. Conscious
Recognition
2. Verbal
Expression





Writing Techniques for ACE Survivors

Letter to ACE Perpetrator (not mailed)

Letter to Child suffering as you did

Why You Love Yourself

Deepest Emotions about the upheaval that most
influences your life (20 min/day x4)

Interventions

Behavioral activation therapy (Acierno et al., 2016)

- Treatment resulted indicated improvement in mental health functioning, particularly with respect to PTSD symptoms

Progressive muscle relaxation (Schröder et al., 2013)

- RCT found a reduction in symptom number and intensity $d=.44$
- Results maintained over 6 month follow up period

Journaling (van emmerik et al., 2013)

- Included studies included journaling with discussion with a clinician and educational component
- Significant and substantial short-term reductions in trauma-related stress and comorbid depressive symptoms compared to wait-list group
 - Treatment gains maintained for one year

You Are A Hero!

Reframe survival as heroism:

- Shame becomes self-respect
- Self-blame replaced by self-compassion
- Victimization replaced by pride of resiliency, survivorship;

Lend your authority to the award

Present a tangible reminder

Recognize the heroism continues every day

You Are A Hero! Encourage your patient to:

- Imagine that a child you care about is suffering the same circumstances
- Recognize the courage, persistence, determination it took to survive
- Recall the past absence of resources, training or support
- Acknowledge the current stressors in a **Stress Inventory**
- Identify current resources, experience and support available now
- Recognize the **every day heroism** in surviving even now
- Post the reminder for daily reinforcement

Take Care

Where are you in Maslow's Hierarchy of needs?

Attending to your needs with Tenderness, Self-compassion

What do you need now?

How will you take care of yourself?

What does your body need?

What does your heart need?

What resources do you have?

Self-actualization

desire to become the most that one can be

Esteem

respect, self-esteem, status, recognition, strength, freedom

Love and belonging

friendship, intimacy, family, sense of connection

Safety needs

personal security, employment, resources, health, property

Physiological needs

air, water, food, shelter, sleep, clothing, reproduction

Help Begins Now: Self-Care Planning

Set your intention.

What are my immediate needs? Prioritize them.

What are my long term needs? Park them.

Begin a resource inventory.

- Inner Resources
- Outer Resources

Set a SMART goal: Specific, Measurable, Attainable, Realistic, Timely

Take Time

Be patient with yourself

Life is a journey, not a destination

One step at a time

Expect obstacles, detours and set-backs along the way

Family Involvement: Make a haven for healing

Engaging family as resources

Helping the family to understand the problem and how they can help

What is helpful (and what is not):

Case: Rebecca: Hysterical paralysis upon the birth of her first and only child, only later the husband's alcoholism and emotional abuse becomes apparent and her family of origin is engaged to protect and provide shelter for her.

Family Involvement: When Family is part of the problem

Shielding from Perpetrators

- Ending further victimization
- Avoiding perpetrators
- Creating Distance
- Setting limits
- Controlling your expectations

Case: Sharon: Youngest of 6 children, suffered neglect, prominent feelings of unworthiness and inadequacy, depressed mood, anxious, convinced something is wrong with her appearance, husband continues the emotional abuse. With time, she learned she deserved to be happy and to advocate for herself and resist the abuse.

Mindfulness Strategies

- When there is “flooding”: Grounding in the Here and Now
 - Awareness of Body, of Breath, of surroundings, feet on the ground
- Offering compassion, being the “good parent”: Tenderness, Reassurance, encouragement, hope
- Touching strength: There is more right with you than wrong with you: Doing a strength inventory, write it down and post it.
- Encouraging the patient to offer self-compassion, being their own “good parent”: Bringing to mind the helpless child and offering her reassurance, tenderness, encouragement

Finding Others Like You

Trauma Survivors Networks

Question and Answer Period

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Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

