

Approach to Trauma History in Primary Care

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No Disclosures

How do I ask a patient about painful past experiences without:

- Re-traumatizing them by having them repeat details of traumatic events?
- Triggering a trauma response?
- Exceeding my resources?

Strategy: Primary Care versus Psychiatry

Different Roles and Goals

- Primary Care: assess for a working diagnosis of unresolved grief and trauma
- Psychiatry: assess for a formal DSM V diagnosis

Strategy: Primary Care versus Psychiatry

Trauma Disorders in DSM 5

- Post Traumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Other Specified Trauma and Stressor Related Disorder
- Unspecified Trauma and Stressor Related Disorder

Strategy: Primary Care versus Psychiatry

Unresolved Grief and Trauma

- History of traumatic events, but not necessarily the details
- Causing functional impairment
- Not effectively processed already
- For which the patient may be self medicating

Primary Care versus Trauma Therapist

- Primary care: connect patients to effective evidence based trauma therapy.
- Trauma Therapist: provide evidence based trauma therapy.

Primary Care versus Trauma Therapist

- Be generally aware of some evidence based treatments.
- Be aware of community resources and how to access them.
- Provide trauma informed care to everybody.

Strategies

- Review past psych, social work and emerg notes, sometimes the history has already been recorded.
- Find evidence of unresolved trauma informally during the routine assessment. Eg HPI, FHx, Psych Hx, Treatment Hx, Substance Hx.
- Completing the assessment over multiple visits allows you to establish rapport prior to completing a formal trauma history.
- Have an attitude of genuine compassionate curiosity.

Informal Trauma History: The BioPsychoSocial Profile

- Can be done in 5-10 minutes
- Completed early in the assessment to establish rapport.
- Serves many functions including providing evidence of trauma.

Informal Trauma History: The BioPsychoSocial Profile

- 8 Elements
- Housing, Finance, Education, Employment, Relationships, Legal, Driver's License, and Addiction Related Health Problems

Informal Trauma History: The BioPsychoSocial Profile

- Housing: Where do you live? House, apartment, shelter...?
- Finance: What do you do for money? Working, disability, social assistance...? (I don't generally ask about sex trade activities.)
- Education: What is the highest level of education you've achieved?
- Employment: When is the last time you did any type of paid employment? What did you do? Why did you stop?

Informal Trauma History: The BioPsychoSocial Profile

- Relationship: Are you in a relationship? Is it a supportive relationship? Do you have any children? How old are they? Where are they? Are you worried about their safety? What kind of relationship do you have with them?
- Legal: Do you have any current legal problems such as court dates, probation or parole? (I don't generally ask for details)
- Driver's License: Do you have a valid drivers license? If not, is it suspended and why? Do you owe fines?
- Health: Do you have any addiction related health issues such as HIV, Hepatitis C, liver cirrhosis, skin infections, or overdoses?

Formal Trauma History

- Trying to assess for the working diagnosis of unresolved grief and trauma. Specific details are not required.
- Begin by explaining **WHY** you are asking about trauma and **HOW** you will ask.
- Ask for their consent and advise them that they can stop this part of the conversation at any time.

Formal Trauma History

- **WHY:** “For some people, trauma is their pathway into substance use and addiction, and if it is not recognized and processed, people can cycle in and out of sobriety.”
- **HOW:** “I don’t need details, I just need to know if it might have happened or not. Sometimes people may start talking about things they have not thought about for a long time, and it may bring up difficult emotions for hours or days. I don’t want anything like that to happen to you. So I won’t ask for details and will keep this brief.”

Formal Trauma History

- Use close ended questions to encourage brief answers.
- Be prepared to use distraction or other grounding techniques if you sense the patient is being triggered at all.
- If the patient is triggered then stop the trauma history as you have all the information you need.

Formal Trauma History

- Use clinical judgement to know when to stop them from providing more detail.
- “Thank you for trusting me with that information. It sounds like it was really terrible for you. I won’t ask for any more details at this time though. Its not that I’m not interested or am trying to minimize what’s happened to you, but sometimes people can start talking about things they haven’t thought about for a long time and hours later their emotions are really hard to control. I don’t want that to happen to you.”

Formal Trauma History

Five Main Questions (and some follow up):

1. Were you ever in foster care? How would you describe that experience?
2. Trauma includes things like being abused as a child, sexual assault, domestic violence, soldier in a war, terrible car accident, terrible work accident, bullied or harassed at work, or experienced a natural disaster. Might any of these things have happened to you?
3. Did you ever receive any counselling or therapy for the trauma? Do you feel it was effective?
4. Do you feel that the trauma affects you emotionally even now?
5. Do you feel that any part of your alcohol or drug use was an attempt to self medicate?

Formal Trauma History

- Don't abruptly move on or end the consult.
- Acknowledge their courage in sharing the information.
- Thank them for trusting and sharing with you.
- Express genuine sympathy and compassion.
- Ask how they are doing, connect them with immediate support if required.

Formal Trauma History

- Explain your findings.
- “It appears you may have some unresolved grief and trauma that continues to affect you.”
- “It appears that at least part of your substance use was your attempt to self-medicate.”
- “It seems that trauma hasn’t played a large role in your life, so formal trauma therapy may not be something we need to connect you to.”
- Offer to connect them to further formal trauma therapy or psychiatry.

Trauma Treatment Planning

- Trauma therapy can be thought of as **two general types**:
- Present focused therapy: emphasizes stopping ongoing trauma and ensuring safety in the present.
- Past focused therapy: emphasizes processing past trauma to improve function.

Trauma Treatment Planning

- Trauma therapy can be delivered in **two general time frames**:
- Parallel therapy: conducting present and past focused therapy at the same time.
- Sequential therapy: optimizing present focused therapy first before pursuing past focused therapy.

Trauma Treatment Planning

5 Conditions for Optimal Trauma Therapy

1. Established sobriety. I usually recommend three months.
2. Safety in the environment. For example safe stable housing.
3. Safety in relationships. This includes being free from abusive relationships and relationships that undermine sobriety.
4. Establish a daily routine.
5. Establish emotional regulation skills for routine life stress.

Conclusion

- The goal is to assess for the working diagnosis of unresolved grief and trauma.
- Trauma history can be discovered informally by the routine elements of an addiction assessment.
- A direct assessment can be deliberate and short.

Don't Let the Conversation End Here

Additional Resources

- Motivational Interviewing, Third Edition: Helping People Change by William R. Miller and Stephen Rollnick.
- Feeling Good Podcast/TEAM-CBT-The New Mood Therapy with Dr. David Burns, M.D.
- Trauma Informed Practice Guide. https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf



The End