AMERICAN ACADEMY OF FAMILY PHYSICIANS

Recommended Curriculum Guidelines for Family Medicine Residents

Trauma-Informed Care

This document is endorsed by the American Academy of Family Physicians.

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program. Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Preamble

Unaddressed childhood trauma exposure and psychological trauma at all ages are associated with 8 of the 10 leading causes of death in patients. Traumatized patients have poor health outcomes due to their hesitation to seek care. Family physicians should be aware of the impact of trauma on patients, their families and communities. This curriculum guideline is intended to assist family medicine residents and faculty in attaining clinical competence in trauma-informed care. This guideline provides an overview of the impact of trauma, including historical trauma, on individuals, families and communities; the role of the family physician in addressing, preventing and managing trauma and stress in patients; and how trauma fits into the broad scope of family medicine. It integrates the biopsychosocial model with evidence-based models and accessibility for vulnerable patients and provides suggestions to mitigate the impact of secondary stress on self, others, family physicians and health care teams.

Patient Care

At the completion of residency, residents should be able to demonstrate care for:

1. Acutely ill patients
    a. Diagnose acute presentation of stress and trauma-related disorders
        i. Generate differential diagnosis for acute presentations based on the patient's age and trauma exposure
        ii. Use instruments that are culturally sensitive and linguistically appropriate
        iii. Identify recent changes in a patient's life that might have triggered an acute trauma response
            1) Determine recent major life-change events (i.e., car accident, marriage, loss, immigration, transitions, community violence, house fire, etc.)
            2) Identify external stressors that are influencing symptoms
            3) Recognize how family dynamics are contributing to symptoms or serving as a protective factor
            4) Assess exposure to traumatic event(s) and establish provisional diagnosis
            5) Perform an initial assessment to evaluate the safety of patients and others
    b. Utilize a crisis management plan that includes psychosocial factors and imminent danger assessment, such as:
        i. Suicide ideation
        ii. Homicidal ideation
        iii. Abuse
        iv. Neglect
        v. Violence
        vi. Bullying
    c. Mobilize the multidisciplinary team to manage the care for acutely distressed patients
2. Chronically ill patients
    a. Recognize that trauma exposure is common, and the manifestation of childhood trauma can be chronic
        i. Recognize that childhood trauma can manifest in adults as:
            1) Chronic mood disorders, such as depression and or anxiety
            2) Post-traumatic stress disorder
            3) Personality disorders associated with attachment rupture, such as borderline and narcissistic
            4) Substance use and dependence
    b. Recognize that intergenerational trauma exposure is a common condition and may impact patients and their families or caregivers
        i. Know the history of the communities being served and whether cultural historical trauma is a factor in intergenerational trauma
        ii. Chronic effect on patients and their families
        iii. Substance use and dependence to cope with trauma

iv. Intergenerational transmission of violence, substance use and dependence
v. Impact of intergenerational transmission of mental health conditions (depression, anxiety disorder) on violence, substance abuse and dependence disorders.
vi. Epigenetic influences

c. Generate differential diagnoses for chronic presentations of trauma and stressor-related disorders while considering a patient's chronological age, culture and ethnic factors
i. Acute stress disorder
ii. Adjustment disorders
iii. Post-traumatic stress disorder
iv. Reactive attachment disorder
v. Disinhibited social engagement disorder

d. Manage chronic presentation
i. Follow clinical trauma-informed care protocols to determine the appropriate level of care based on the patient's distress and functioning level
ii. Mobilize the multidisciplinary team to manage care for patients with multiple complex trauma
iii. Develop collaborative goals of care that include a patient's preference in terms of ethnic and cultural factors
iv. Identify how social determinants of health may impact a patient's ability to follow up with treatment recommendations
1) Assess the patient's ability to attend mental health appointments due to conflicting schedule with work, school and caring for family members
2) Offer patients alternative options for therapy, including virtual appointments, to increase access
v. Consider medication alone or combined with therapy for acute symptoms
vi. Schedule close follow-ups to monitor the patient's progress
vii. Provide the patient with resources for self-management:
1) Free trauma-evidence-based apps (i.e., PTSD Coach app)
2) Support group and organization information based on specific trauma (i.e., Rape, Abuse & Incest National Network)
3) Substance Abuse Mental Health Administration behavioral line to locate services in the patient's area

3. Health promotion and wellness
a. Follow the United States Preventive Services Task Force guidelines for intimate partner violence to screen women of reproductive age
i. Screen eligible patients during regular visits to identify and prevent the intergenerational transmission of violence
ii. Use evidenced-based tools for screening (i.e., Hurt, Insult, Threaten, Scream screening tool)
iii. Address barriers to leaving the abuser and offer resources for positive screenings
iv. Recognize the duty to report IPV if children or older adults are being hurt

v. Engage multidisciplinary team to provide patients with resources

b. Follow the American Psychiatric Association prevention guidelines for the management of developmental trauma and stressor-related disorders
    i. Trauma disorders, such as reactive attachment disorder and disinhibited social engagement disorder
        1) Report abuse and neglect
        2) Connect the child with a healthy, consistent caregiver
        3) Refer the family to parental classes
        4) Refer the family and child to therapy

c. Follow the American Red Cross prevention guidelines for the management of acute trauma exposure
    i. Provide psychoeducation and support to patients about trauma and its impact on health
        1) Provide educational materials to patients exposed to traumatic events when access to expert care is limited
        2) Implement a plan to promote health by incorporating case managers in the treatment plan
        3) Partner with community members and organizations (i.e., National Alliance Mental Illness, peer support groups, religious and spiritual resources) based on the patient's preference to reduce isolation and promote health
        4) Counsel patients on the benefits of trauma therapy and provide patients with appropriate referrals
    ii. Consider pharmacological management based on the patient's preference and lack of resources
        1) Actively monitor patient progress with close follow-up
    iii. Perform patient risk assessments for the emergence of changes in destructive impulses toward self or others
        1) If the risk of harmful behaviors increases, collaborate with colleagues to help patients pursue a higher level of care (i.e., hospitalization, partial hospitalization, referral for ambulatory psychiatric evaluation)

d. Know the history of the communities being served and look for and be aware of the presence and impacts of cultural and historical trauma

4. Ongoing care of patients with undifferentiated signs and symptoms or health concerns
    a. Reevaluate patients diagnostically if there are:
        i. New symptoms
        ii. Significant deteriorations in functional status
        iii. Significant period elapsed without response to treatment
    b. Ongoing counsel patients whose occupation entails likely exposure to traumatic events
        i. Military and law enforcement personnel
        ii. First responders
        iii. Medical personnel
        iv. Journalists
        v. Mental health professionals

c. Develop differential diagnosis for patients with undifferentiated illness based on presentation
    i. When the lack of progress is not due to lack of treatment or social determinants of health
    ii. Malingering
    iii. Factitious disorder
    iv. Factitious disorder imposed by other
    v. Functional neurological disorder

Medical Knowledge

Family medicine residents should demonstrate the ability to apply knowledge of the following:

1. Demonstrate medical knowledge of sufficient breadth and depth to family medicine:
    a. Describe the complex pathophysiology of trauma and the human stress response
        i. Identify the long-term consequences of repeated stimulation of the sympathetic nervous system
            1) Hypothalamic-pituitary-adrenal axis
            2) Physiological responses to trauma
            3) Behavioral effects of trauma
        ii. Describe how early trauma exposure impacts developmental skills and attachment
        iii. Recognize the impact of adverse childhood experiences on behavior and overall health
        iv. Understand that patients with an adverse childhood experience score of four or higher are at risk for developing chronic conditions, such as:
            1) Diabetes
            2) Asthma
            3) Obesity
            4) Hypertension
            5) Chronic obstructive pulmonary disease
            6) Cardiovascular diseases
            7) Substance use and dependence
        v. Identify trauma-informed care strategies to improve patient's health and become familiar with the four Rs of trauma-informed care:
            1) Realize the widespread impact of trauma within a patient panel and in the general population
            2) Recognize the signs and symptoms of trauma in patients and their families, as well as the signs and symptoms of trauma in family physicians and clinical care team members
            3) Respond to the widespread impact of trauma by fully integrating knowledge about trauma into policies, procedures and practices

4) Resist re-traumatization by asking what happened to you rather than what is wrong with you

vi. Identify behavioral strategies to help patients improve adaptive functioning and restore a psychological sense of safety and trust
1) Grounding techniques
2) Box breathing exercise
3) Flashback halting protocol

vii. Help patients anticipate symptomatic exacerbation resulting from exposure to reminders of trauma or loss
1) Identify triggers
2) Subject unit of distress
3) Lifestyle modification to cope

viii. Assist patient in developing skills such as:
1) Problem-solving
2) Interpersonal support (warm line)
3) Professional help

ix. Engage in learning behavioral strategies to address patient care needs by further certification training, such as:
1) Certification in psychological first aid
2) Certification in mental health first aid
3) Certification in domestic violence trauma
4) Certification in trauma-informed care

x. Recognize the signs and symptoms of an acute stress response, acute trauma response and acute shock response, and understand how to use effective medical intervention for each type of response to avoid re-traumatization of the patient

2. Demonstrate medical knowledge in critical thinking and decision-making
a. Develop differential diagnosis for trauma and stress-related disorders based on interpretation of common and complex diagnostic testing, including age-appropriate evaluation for:
i. Attention deficit hyperactivity disorder
ii. Oppositional defiant disorder
iii. Conduct disorder
iv. Personality disorders
v. Delusional disorders
vi. Dissociative disorders
vii. Dementia
viii. Physical conditions, such as cognitive dysfunction and decline

b. Synthesize complex diagnosis accurately to reach high-probability diagnosis
i. Screen all patients for trauma
ii. Use evidence-based and culturally sensitive tools to aid in diagnostic decisions, such as:
1) Patient's genogram
2) Biopsychosocial history in the assessment of patients

c. Integrate comprehensive knowledge of trauma in the management of patients across the lifespan

i. Interpret results of common and complex diagnostic testing
    1) PTSD checklist (5 items) for primary care, PTSD checklist (20 items) for clinicians, University of California Los Angeles PTSD checklist for adolescents or child and adolescent trauma screening
        a) Consider the history of the community and the impact of cultural and historical trauma, such as colonization and racism
ii. Consider the patient's age in determining treatment
    1) Psychotherapy is the first line of treatment, especially for children 6 years or younger and older adults
iii. Evidence-based models, such as eye movement desensitization and reprocessing, prolonged exposure and trauma-focused cognitive behavioral therapy work for all age groups

Practice-Based Learning and Improvement

At the completion of residency, residents should be able to:

1. Apply the principles of the trauma-informed care approach to practice
    a. Maintain an environment of care that promotes patient safety
    b. Address the intersections of trauma with culture, history, race, gender, location, and language; acknowledge the compounding impact of structural inequity. Be responsive to the unique needs of complex patients.
    c. Promote patient and family resilience, enhancing protective factors and addressing trauma
    d. Engage patients and their families in program development, implementation, and evaluation
2. Demonstrate reflective practice and commitment to personal growth
    a. Use self-directed learning to further knowledge and competency in trauma-informed care
    b. Use performance data to improve competency and delivery of trauma-informed care interventions
    c. Seek consultation and feedback on the performance of delivering trauma interventions

Systems-Based Practice

At the completion of residency, a resident should be able to:

1. Demonstrate patient safety, quality improvement and advocacy
    a. Demonstrate the skills required to implement a trauma-informed care approach for organizations
    b. Analyze quality improvement based on the following:
        i. Patient satisfaction
        ii. Increasing physicians' and care teams' knowledge of trauma-informed care and delivery
2. Understand the physician's role in the health care system and advocacy

a. Advocate for systems change by coordinating the integration of trauma-informed care training for interdisciplinary team members in the ambulatory and hospital setting to enhance the transition of care
    i. Emphasize continuity of care and collaboration across patient-service systems (ambulatory and hospital)
b. Optimize treatment plans based on the knowledge of trauma-informed care to demonstrate how individual practice affects other systems of care
c. Access advocacy tools and other resources needed to achieve trauma-informed policy changes that advocate for patients' needs
d. Identify opportunities to integrate behavioral medicine in primary care

Professionalism

At the completion of residency, residents should be able to:

1. Professional behavior and ethical principles
    a. Demonstrate sensitivity to, and knowledge of, lasting adverse effects of the trauma on an individual's: functioning; physical, social, emotional and spiritual well-being; and long-term health
    b. Demonstrate knowledge of legal and ethical principles concerning the following:
        i. Confidentiality regarding potential trauma disclosure and family members
        ii. Reporting child and elderly abuse
        iii. Protecting sensitive information disclosed by patients
    c. Recognize the signs of trauma, identify triggers leading to re-traumatization and intervene to prevent re-traumatization
2. Accountability and conscientiousness
    a. Take responsibility for managing stress and recognize when stress is contributing to professional lapse and work on mitigating the effects of stress
    b. Identify the value and principles of trustworthiness and transparency by building and maintaining trust among patients and their family members, staff and others involved in the organization
    c. Provide timely medical recommendations and respond promptly to meet the needs of patients, teams and systems
3. Self-awareness and help-seeking behavior
    a. Recognize symptoms of burnout, seek help to alleviate symptoms of burnout and secondary trauma

Interpersonal and Communication Skills

At the completion of residency, residents should be able to:

1. Effectively apply patient- and family-centered communication
    a. Using verbal and non-verbal language that helps create emotional safety for patients and their families
    b. Be an active listener in all practice settings

    c. Select language that promotes sensitivity and builds trust and confidentiality and use the patient's first language to protect them from potential stigmas
    d. Identify barriers to communication from the patient's perspectives (i.e., disability, different language, cultural norm, etc.)
    e. Effectively use prompting phrases to screen for possible history of trauma
    f. Respect personal space
    g. Use spoken words and gestures that express a level of emotional intelligence toward potential trauma survivors (i.e., express kindness, patience and understanding)
    h. Reassure patients and families that trauma is a treatable condition
    i. Provide care that places a positive emphasis on the range of interventions offered and their likely benefits
    i. Consider cultural strengths and spirituality in your intervention toolbox
    j. Give patients information about any proposed interventions, including:
        i. Intervention's aim, content, duration and mode of delivery
        ii. Likelihood of improvement and recovery
        iii. What to expect during the intervention, including that symptoms can seem to get worse temporarily
        iv. Recovery is more likely when patients engage in the treatment
2. Effectively apply interprofessional and team communication
    a. Promote sensitive and respectful use of language among staff in both clinical and clerical teams
    b. Use language that helps to promote teamwork and includes health system-wide communication
    c. Avoid discussing patients' information on non-encrypted platforms
    d. Educate each other about the importance and impact of trauma-informed care
3. Communication within health care systems
    a. Emphasize reflective supervision where service providers and supervisors have regular meetings to discuss patient interaction (i.e., direct observation) to highlight strengths and areas of improvement
    b. Address, minimize and treat secondary traumatic stress to increase team wellness
    c. Ensure that methods of access to services consider the needs of specific populations of people with post-traumatic stress disorder
    d. Protect patient's medical record
    e. Document visits accurately and timely

Implementation

This curriculum should be taught in both experiential and didactic formats. Training sites for residents should include their own family medicine practices and behavioral outpatient medical and therapeutic programs. Other training opportunities might consist of interactions and conversations with family medicine behavioral faculty, psychiatrists, therapists and family physicians experienced in trauma-informed care. Through exposure to outpatient, inpatient and other trauma-informed care, residents can experience the process of treatment and healing from traumatic disorders and gain

familiarity with referral resources. With their own panel of patients, residents should be able to demonstrate competence in trauma-informed care screening and assessment, interventions with families and individuals, medications for treatment and referrals. Residents should also demonstrate competence not only in treating patients with primary traumatic disorders but also in caring for the families of those afflicted with such disorders and the primary prevention of traumatic disorders across the lifespan.

Resources

Evidenced-Based App
PTSD Coach was designed by the U.S. Department of Veteran Affairs and can be used in conjunction with therapy.

Website Resources

Preventing burnout
American Academy of Family Physicians resources for physician well-being
https://www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being.html

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Revisions

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