Andres D. Sciolla

Andres D Sciolla, MD is an Associate Professor at the Department of Psychiatry & Behavioral Sciences at the University of California, Davis the Medical Director for Northgate Point Regional Support Team, a community mental health clinic. In addition, Dr Sciolla is Co-Director of the Doctoring 2 course at the School of Medicine.

As a researcher, Dr Sciolla has published in the field of behavioral and psychiatric aspects of adult survivors of childhood trauma, neuropsychiatric aspects of HIV and Latino mental health disparities. As a clinician educator, Dr Sciolla has published in competency based medical education in LGBT healthcare, psychotherapy training of psychiatry residents and physicians with professional boundary violations.

Prior to UC Davis, Dr Sciolla was at UC San Diego, where he was an Associate Training Director for the general psychiatry residency-training program.

Dr Sciolla is a member of the Dean's LGBTQI Advisory Council at UC Davis, and was a member of the Chancellor's Advisory Committee on Lesbian, Gay, Bisexual, and Transgender Issues at UC San Diego.

The Medical Board of California
Education and Wellness Committee

An Unprecedented Synergy between
Neuroscience & Population Health

Trauma-Informed Clinical Competencies for Physicians

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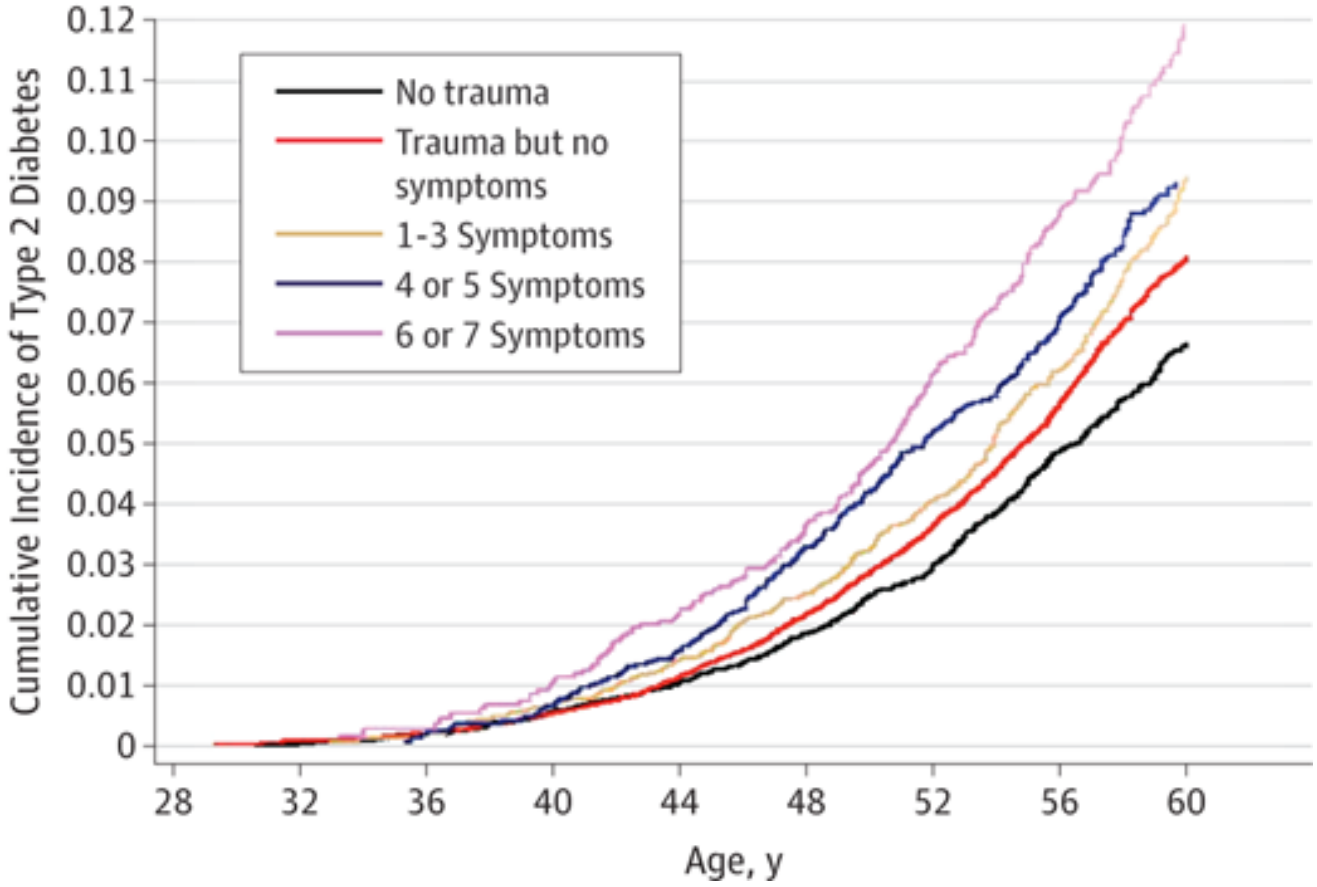
Objectives of the Presentation

1. Provide a brief overview of epidemiologic and neuroscience research on the prevalence of adverse and traumatic experiences across the lifespan and the mechanism underlying their association with poor health outcomes
2. Propose measurable patient-physician communication attitudes and skills that can enhance health outcomes in patients with trauma histories

- *"Childhood maltreatment appears to be a risk factor in the history of patients having <u>many</u> different psychiatric outcomes […] Indeed, it is more difficult to identify a disorder to which childhood maltreatment is <u>not</u> linked than to identify a disorder to which it is linked with specificity.*
- *… childhood maltreatment raises risk for a particular psychiatric disorder because maltreatment exacerbates the liability to experience <u>any</u> disorder at all."*

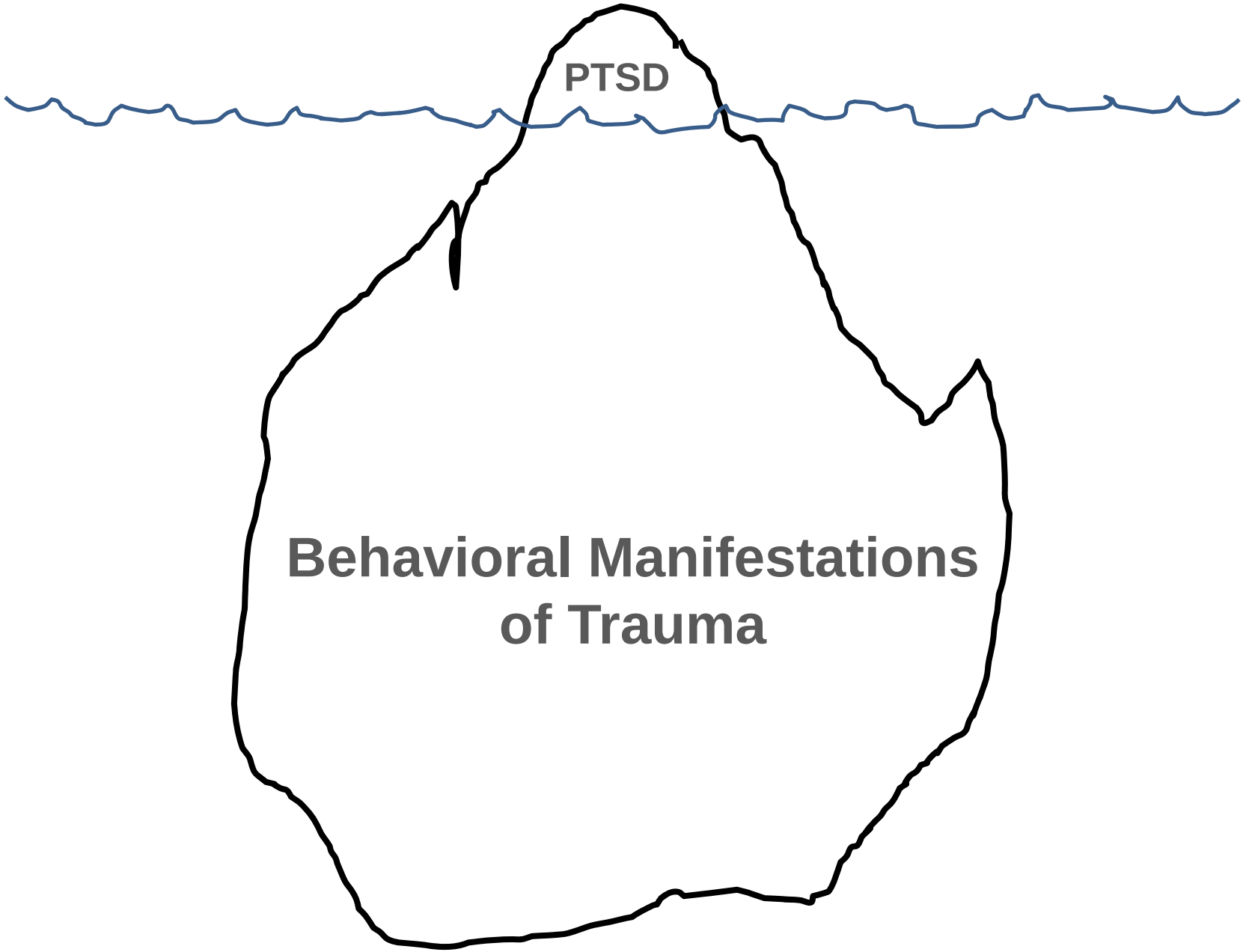
Caspi A et al. Clin Psychol Sci. 2014 Mar;2(2):119-137.

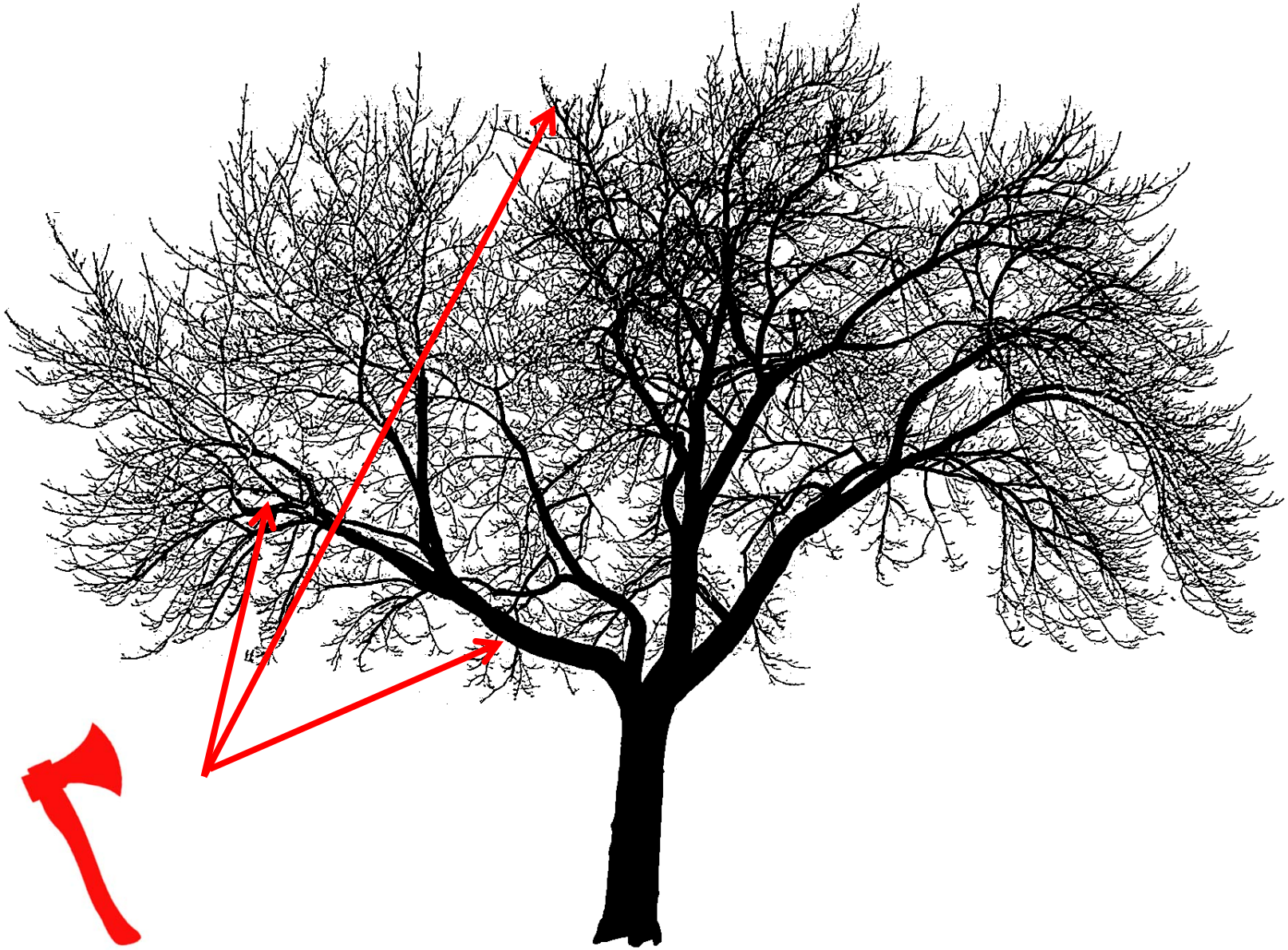
Posttraumatic Stress and Diabetes



- Cumulative Incidence of Type 2 Diabetes, Stratified by Number of Posttraumatic Stress Disorder Symptoms (Nurses' Health Study II, 1989-2011)

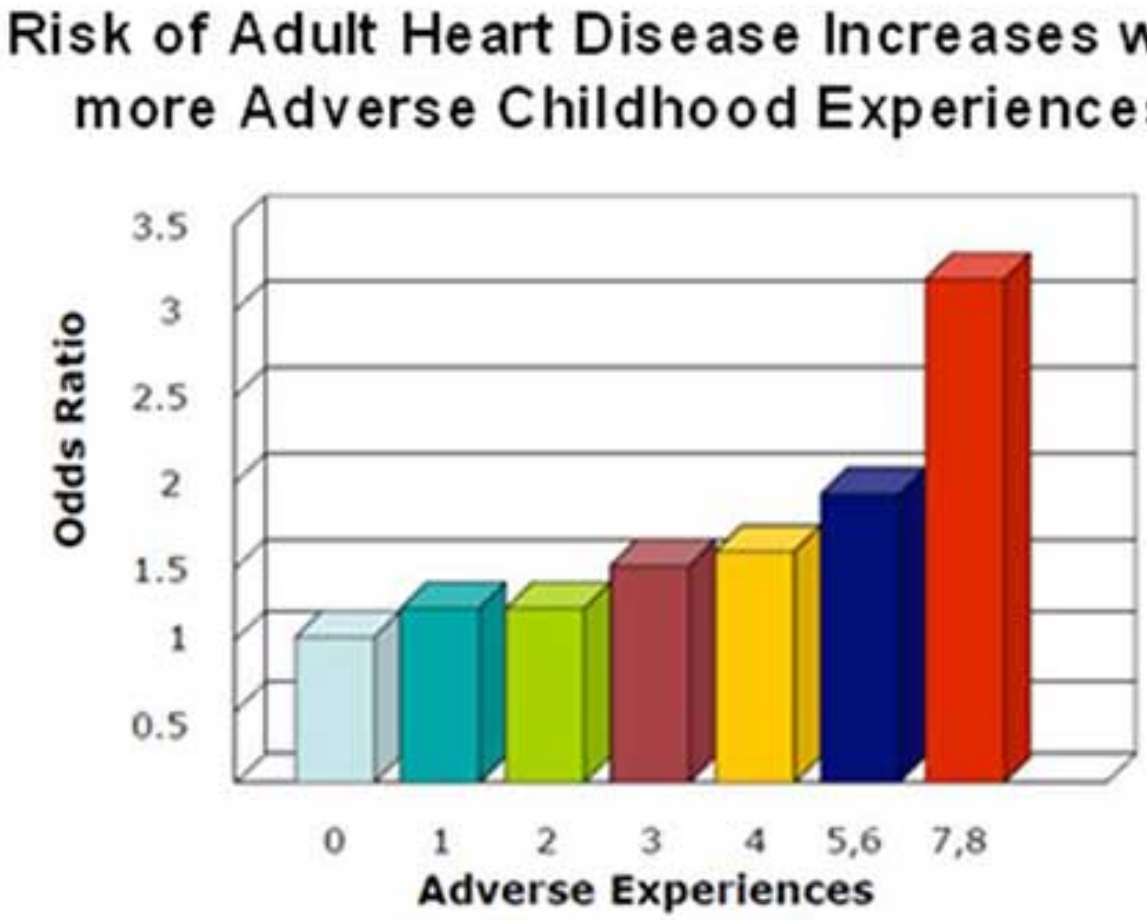
Roberts AL et al. JAMA Psychiatry. 2015 Mar 1;72(3):203-10.


PTSD
Behavioral Manifestations
of Trauma

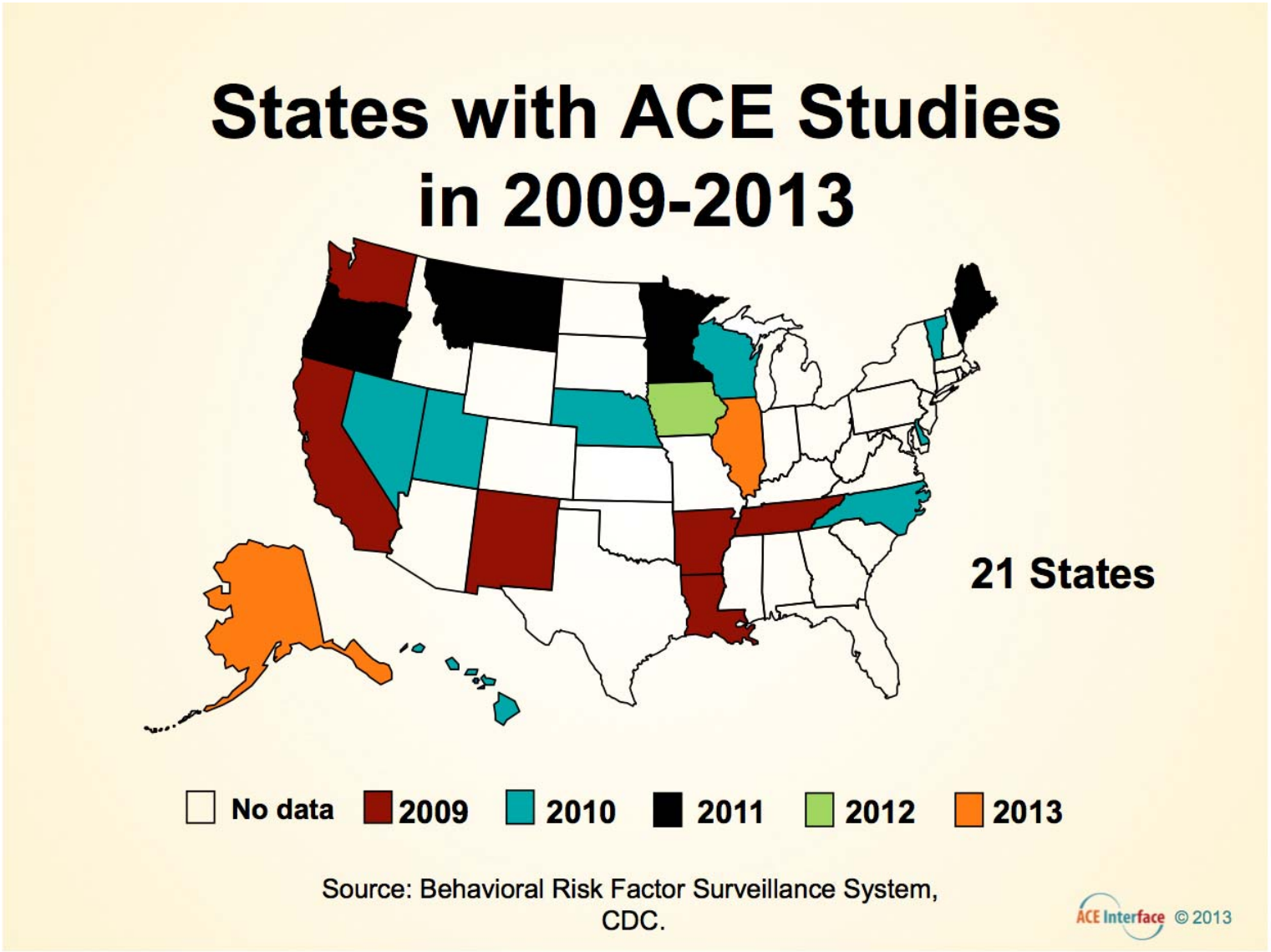



Childhood Adverse Experiences

The Adverse Childhood Experiences (ACE) Study



ACEs Being Measured across the Country



ACEs also touch every community in the state. Figure 8 illustrates the prevalence of ACEs by California county. From large to small, rural to urban, ACEs affect the everyday lives of people across California.

The reality is that ACEs impact every person in California. Even in counties with the lowest prevalence, **one out of every two people** has had an adverse experience in childhood. Thus, a person likely knows multiple people who have at least one ACE even if she has no ACEs

Trauma exposure is associated with

- Increased morbidity and premature mortality
- Treatment-resistant, chronic conditions
- Health risk behaviors
- Difficulty trusting healthcare systems and providers

Trauma exposure is associated with

- Increased sensitivity to power differentials and authority figures
- Problematic clinical encounters (i.e., “difficult” patients)
- Difficulty engaging in preventive care
- Increased physical and behavioral health co-morbidity (including substance use disorders)

Implications for Clinical Care

- Trauma exposure across the lifespan is prevalent in the general population and all clinical settings
- Patients want to be asked about trauma and are not harmed when asked about it
- For many patients, disclosure of traumatic experiences is therapeutic on itself
- Many patients are unaware that their health problems are linked to ACEs

Challenges of Trauma-Informed Care (TIC)

- TIC requires excellent patient-centered communication skills
- TIC may imply changes in certain billing and reimbursement procedures
- TIC works best when care is collaborative and integrated
- TIC needs to inform new developments in medical school curriculum and assessment of competency

Opportunities of Trauma-Informed Care

- TIC fits naturally with cultural competence
- TIC is congruent with interprofessional practice
- TIC works synergistically with ACA-supported patient-centered medical homes
- TIC takes into account social determinants of health
- TIC is aligned with the goal of eliminating health disparities

Proposed Trauma-Informed Competencies for Physicians

Board-certified physicians should be able to

- Elicit regularly histories of exposure to traumatic experiences across the lifespan in patients and caregivers in all clinical settings, as appropriate
- Adjust interviewing in response to patient's demographics, e.g., sex, age, religious practices/beliefs, race/ethnicity, SES, sexual orientation/gender identity

Proposed Trauma-Informed Competencies for Physicians

- Respond with compassion, normalization and education to patient disclosure of traumatic or adverse experiences
- Identify and advocate for resources and refer patients to appropriate psychosocial services in the clinical setting and community in which they work

Proposed Trauma-Informed Competencies for Physicians

- Determine the patient's strengths, life goals and values that can sustain recovery and healing from trauma
- Integrate the trauma and resilience information gathered in patient-centered, culturally-responsive treatment plans to enhance health outcomes

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THANK YOU