

TRIADS: Trauma and Resilience-informed Inquiry for Adversity, Distress, and Strengths

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Objectives

- Describe the triad of



Adversity



Distress



Strengths

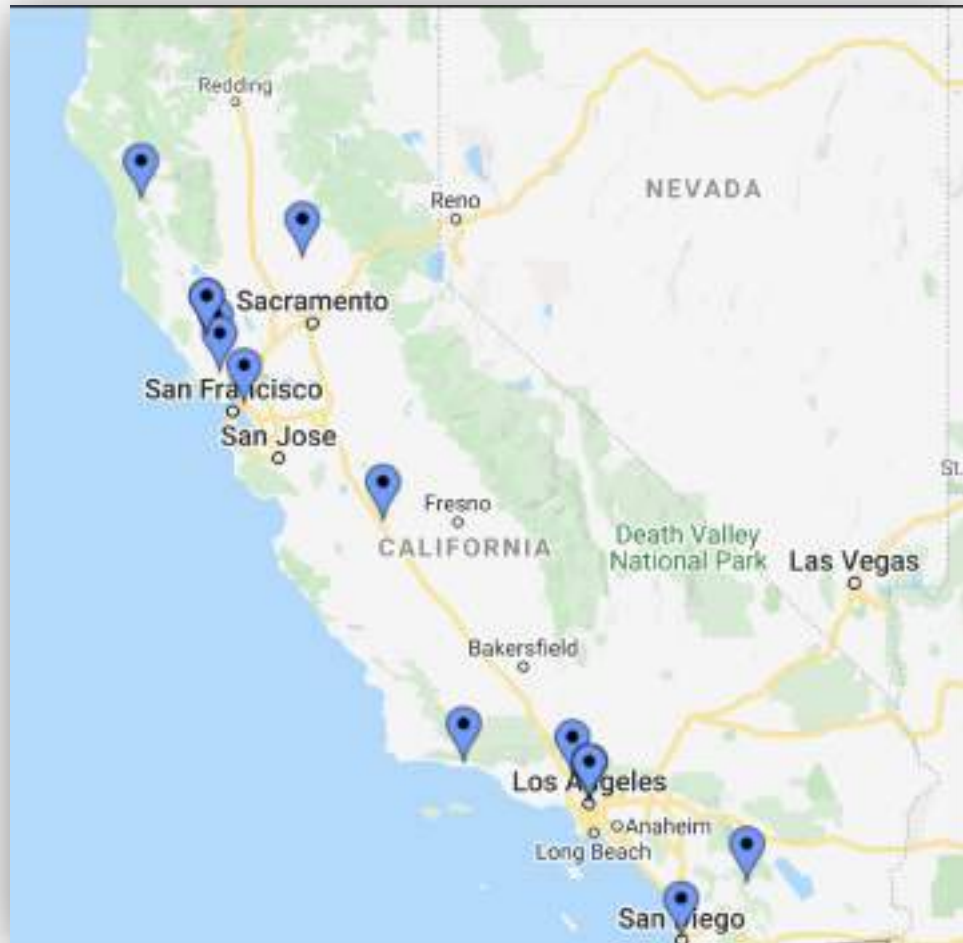
- Understand the origins of TRIADS
- Understand the core principles and intervention strategies
- Learn examples of relational language in triadic screening

What is TRIADS?

- A framework to talk with patients and health care team members about Adverse Childhood Experiences (ACEs) and create healing relationships.
- An evidence-informed approach for ACE screening, education, and response in primary health care settings.



Origins of TRIADS: CALQIC



- California ACEs Learning and Quality Improvement Collaborative
- 18-month Learning Collaborative to train health care teams on the integration of ACEs screening and response
- Participants were 15 safety-net organizations serving Medi-Cal patients
- Goals:
 - Enhance provider-patient communication
 - Connect patients to services
 - Promote better outcomes
 - Reduce disparities



The UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)



A multi-campus initiative that will leverage the substantial interdisciplinary resources of UCSF's and UCLA's public health sciences campuses to screen patients for Adverse Childhood Experiences (ACEs) and develop, promote, and sustain evidence-based methods to address the impacts of trauma and toxic stress.



TRIADS Framework: Conceptual Background and Empirical Support from Child- Parent Psychotherapy

Alicia F. Lieberman, Ph.D.
University of California San Francisco
San Francisco General Hospital

Childhood Trauma as Genesis of Health Problems

- Shattering of developmental expectation of protection
- The protector becomes the source of danger
- “Unresolvable fear”: Nowhere to turn for help
- Unmet attachment needs: Bids for protection remain unanswered
- Chronically aroused/depleted physiological profile
- Sequelae for brain structure, cognition, social-emotional functioning

Why We Must Routinely Screen for Trauma



Trauma Exposure in 3-6 Year Olds Help-Seeking Sample

Before trauma screening:

- 43% behavioral, social or emotional problems
- 13% trauma exposure

After trauma screening:

- **48%** experienced 5+ traumatic event
- Average exposure: **4.9** traumatic events
- **39%** had PTSD symptoms

Abuse

- Physical: 18%
- Sexual: 6%

Witnessing violence

- Domestic violence: 42%
- Community violence: 27%

Separation from primary caregiver: 41%

Death of someone close: 21%

(Crusto et al., 2010)

When Present Child Trauma is a Factor:

To Speak or Not to Speak

- “Conspiracy of silence”: Trauma is pervasive but clinically overlooked
- Clinical “don’t ask, don’t tell” is rationalized as waiting until “child is ready”: Clinician enacting defenses against the pain of knowing and feeling
- “On knowing what you are not supposed to know and feeling what you are not supposed to feel” (Bowlby)
- **“Speaking the unspeakable”** builds reality testing, coping skills, and executive function within the family and in service systems

What Does Speaking the Unspeakable Mean?

- Creating a safe interpersonal space to name and address painful events that are **consciously remembered** and **acknowledged as real** by the child, caregiver, and others
- Offering **empathic, supportive psychoeducation** to explore possible causal connections between the painful event(s) and presenting symptoms
- Being respectful and attuned to the child's and parent's pace and response as they process and explore these possible links

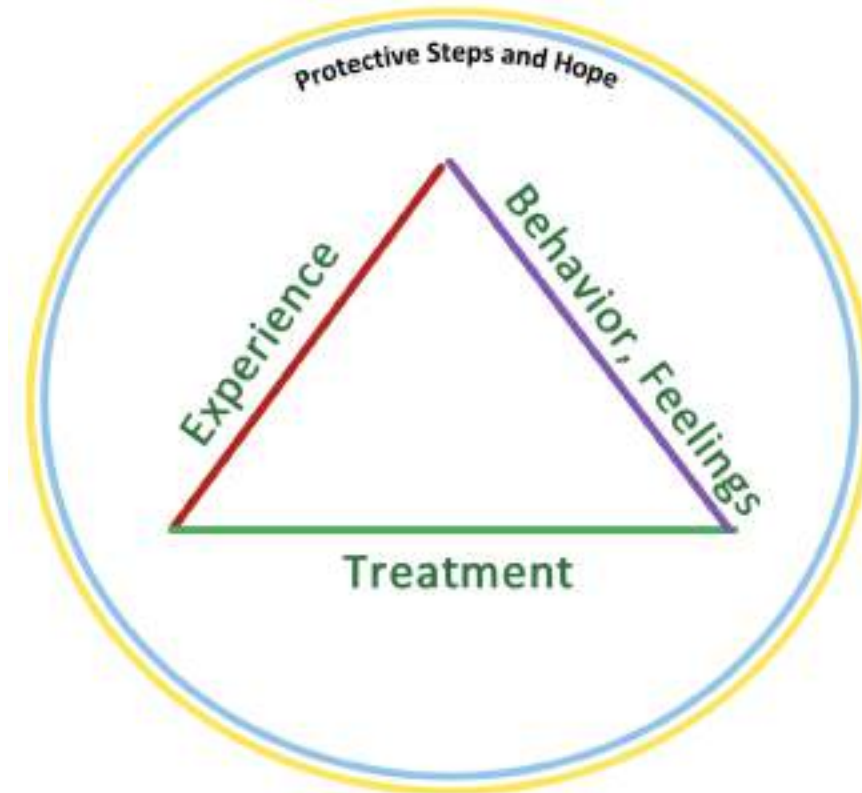
Origin of TRIADS: Child Parent Psychotherapy-Clinical Formulation

Protective Steps:

Highlight when
parent tried to
help/created safety

Experience:

- You saw...
- You heard...



Hope:

Things can change
for the better

Behavior, Feelings:

- And now you...

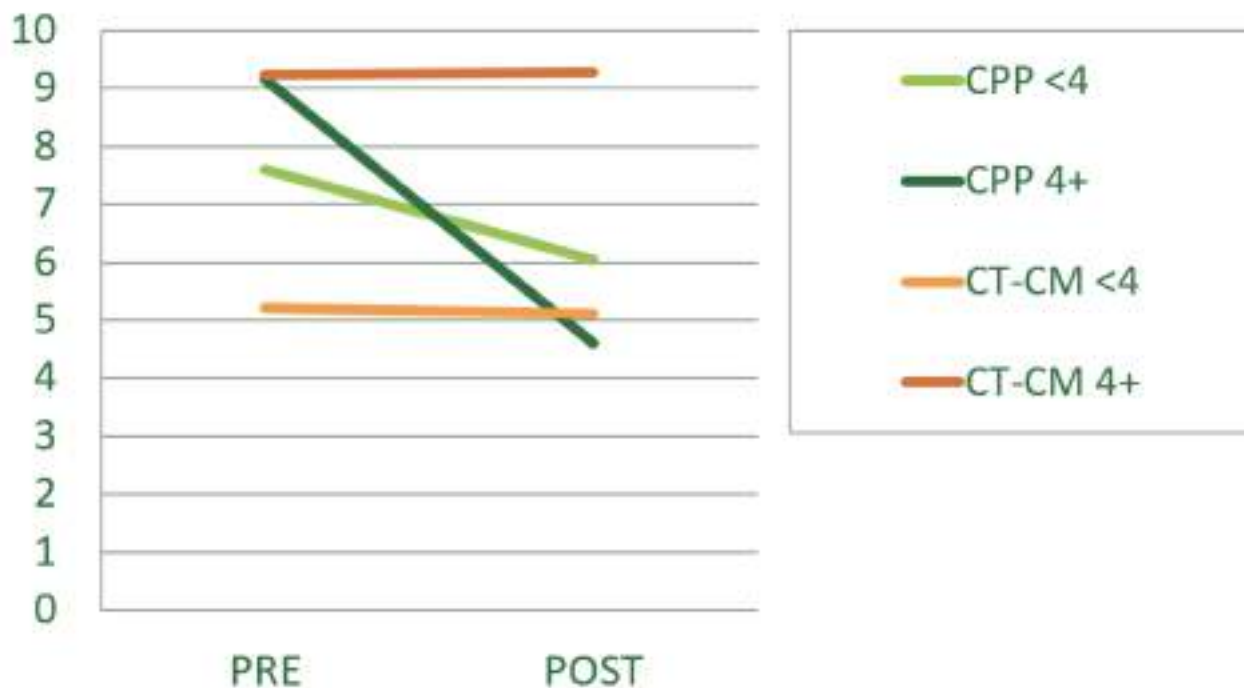
Treatment:

- Together we...

Lieberman & Ghosh Ippen, 2014

CPP Works!

CPP with 4+ Risks: Child Trauma Symptoms



$t(14)=2.46^*$, $d=.66$

$t(17)=5.79^{***}$, $d=1.79$

Ghosh Ippen, Harris, Van Horn &
Lieberman, 2011

CPP Group	Comparison Group(s)	Domains with greater CPP improvement
Preschoolers exposed to domestic violence	<ul style="list-style-type: none"> Community treatment plus case management 	<ul style="list-style-type: none"> Child traumatic stress symptoms Child traumatic stress disorder diagnosis Child behavior problems Maternal PTSD avoidance Maternal global symptoms
Maltreated preschoolers	<ul style="list-style-type: none"> Psychoeducational home visitation Community Standard Non-maltreated 	<ul style="list-style-type: none"> Maladaptive maternal representations Negative self representations Mother-child relationship expectations
Infants from families with a history of maltreatment	<ul style="list-style-type: none"> Psychoeducational parenting intervention Community standard Non-maltreated 	<ul style="list-style-type: none"> Secure attachment Disorganized attachment Infant cortisol regulation Maternal parenting stress Maternal cortisol functioning
Anxiously attached infants of Latina immigrant mothers	<ul style="list-style-type: none"> Anxiously attached no treatment Securely attached 	<ul style="list-style-type: none"> Maternal empathic responsiveness, initiation Infant goal corrected partnership Infant anger, avoidance, resistance
Toddlers with depressed mothers	<ul style="list-style-type: none"> Depressed control 	<ul style="list-style-type: none"> Secure attachment Disorganized attachment Infant full scale and verbal IQ Marital satisfaction

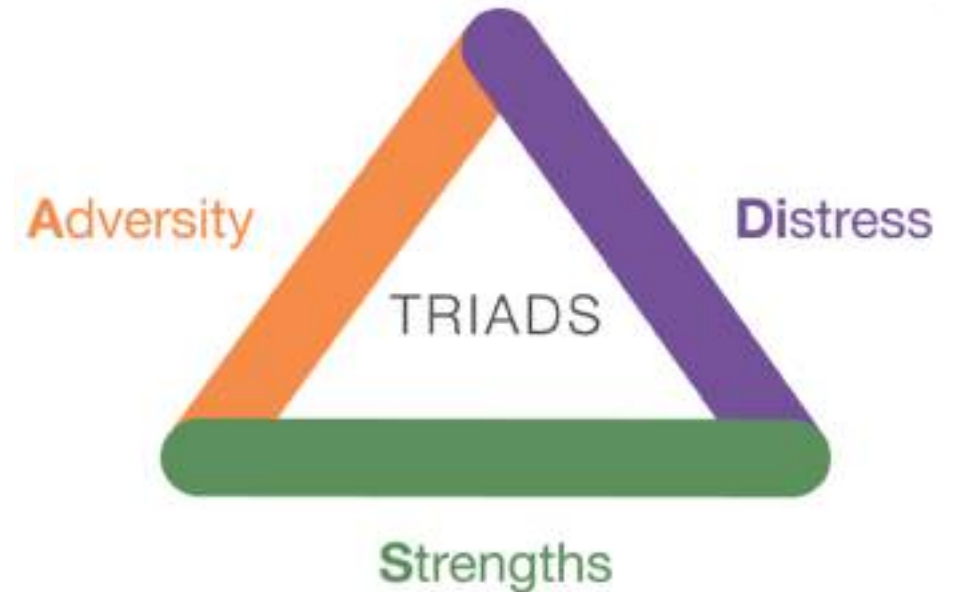
Transitioning from Mental/Behavioral Health to Primary Care

TRIADS Core Principles

- **Adversity** is a universal human experience that may have a negative impact on intergenerational health and wellbeing.
- **Trusting relationships** are at the core of all healing endeavors, including ACE screening and response.
- **Healthcare** should adopt a relational health approach that includes the social and emotional context of the whole person.

TRIADS Core Intervention Strategies

- **ACE Screening:** Empathic inquiry about the patient's experiences of adversity and trauma
- **Assessing Distress:** Supportive exploration of the possible links between the patient's ACEs and presenting physical and emotional health conditions
- **Highlighting Strengths:** Identification of personal characteristics, relationships, and community resources that support patient wellbeing



Elements of Relational Triadic Screening and Response

Element	Content	Tools
Adversity	What happened to you? What is happening to you?	ACE/PEARLS or other adversity screener
Distress	How is your health? How are you feeling? How are you holding up?	PHQ-9, GAD-7 Labs, Imaging, Diagnostic Tests
Strengths	Who helps you? What helps you? Who/what has helped in the past?	Benevolent Childhood Experiences (BCEs), other resilience screener

TRIADS: Creating the Emotional Climate

- Eye contact
- Tone of voice
- Body language
- Showing interest
- Active listening



“You don’t need to be a therapist to be therapeutic.”

Dr. Alicia Lieberman, UCSF Professor of Psychiatry and Behavioral Sciences
and Director of the Child Trauma Research Program

Examples of Relational Language

TRIADS: Examples of Relational Language

Provide simple rationale for ACE screening without judgment

- “We’re learning that difficult experiences that happen to children can affect their health later in life, just like positive experiences can.”
- “Your answers can help us understand your health better and make decisions together.”

Normalize adversity

- “ACEs are really common, so we’re starting to screen everyone.”

Ask permission, giving the patient the power

- “Would it be OK if I asked you some questions about your childhood?”
- “You don’t have to answer any questions that make you uncomfortable.”

TRIADS: Examples of Relational Language

Acknowledge with empathy – Sometimes this is all you need to do!

- “Wow, that sounds like it was really difficult. Thank you for telling me.”
- “We’re finding these things happen to a lot of people, and there is a connection between what happened to them and their health. Does that resonate with you?”

Ask about distress/ACE associated health conditions (AAHC), stay curious without judgment

- “So how do you think your past experiences are affecting how you’re doing, how you’re feeling, and your overall health today?”

Ask about strengths/resilience

- “What has helped you in the past? Who has helped you? What/Who is helps you now?”

TRIADS: Examples of Relational Language

Collaborate

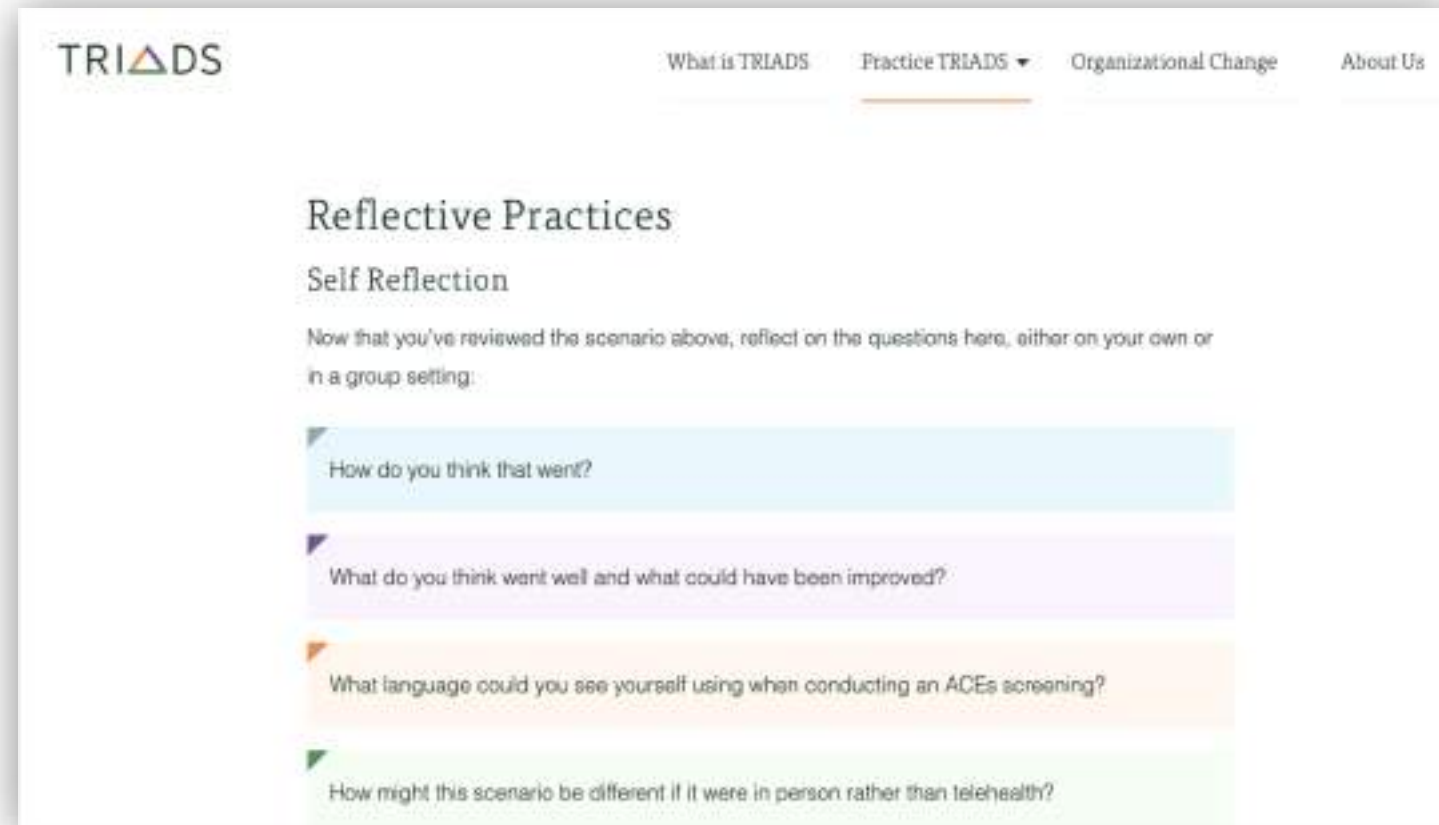
- “Given everything you’ve told me today, what do you think would be the most helpful for you?” or “What can I do today to help you?”

Follow up: This is a way to not only monitor progress but to stay connected to your patient.

- Is it OK if I give you a call in a couple weeks to see how you are doing?
- Why don’t we schedule a follow up appointment for you.
- Since we don’t have any local behavioral health resources or therapists, I have this list of online resources and referrals that might help, can we take a look together at what might be helpful?

Practice TRIADS: Website Scenarios

- **A Mom Feels Protective:** Jocelyn is surprised by the questions asked about her 15-month old.
- **A Teenager Is Reluctant to Fill Out an ACEs Screening:** Alex is unsettled by the questionnaire, and returns it to the Medical Assistant with a zero score.



Practice TRIADS: Website Scenarios

- **An Adult Is Feeling Depressed:** Nadia is scared that reconnecting with difficult childhood memories will make her feel “doomed.”
- **A Pregnant Woman Is Worried:** Sarah is concerned that her stress might affect her baby.

Watch & Learn



17 min

Provider Response

Dr. Machtinger addresses Nadia's skepticism about the purpose of the ACEs screener.



4 min

What Happens Next

In a follow-up visit, Dr. Machtinger listens to Nadia describe her plan to help alleviate her depression and responds to Nadia's concerns that childhood adverse events may leave permanent scars.

Additional TRIADS Resources

- Hear from our Patient Community Advisory Board
- Find resources to support organizational change and health equity

Check out the TRIADS [website](#) and practice!



Putting Relational Healing Into Practice

Dr. Alicia Lieberman, Professor of Psychiatry at UCSF and Director of the Child Trauma Research Program, shares how clinicians can put the concepts of relational healing into practice.



Using TRIADS With Patients

Sara Johnson, M.D., a practicing OB-GYN in Oakland, shares how she incorporates TRIADS into her clinical practice.



Becoming a More Effective Physician

Eddy Machingter, M.D., Professor of Medicine at UCSF, describes how he thinks TRIADS has made him a more effective physician.

Website resources

- TRIADS website (leadership alignment, health equity):
<https://cthc.ucsf.edu/triads/>
- ACEs Aware core and supplemental trainings:
<https://www.acesaware.org/learn-about-screening/training/>
- ACEs Aware Implementation Guide:
<https://www.acesaware.org/implement-screening/>
- CYW courses: <https://centerforyouthwellness.org/ondemand/>

TRIADS: Bringing it All Together

How we treat our patients can support their health and wellbeing and enhance our own satisfaction with our work.

Healing conversations include:

- Communicating interest, connectedness, and empathy
- The message that adversity is universal and nobody is to blame for having difficult experiences
- Conveying that every person has strengths they can harness to alleviate distress.



TRIADS: Bringing it All Together

We don't have to *fix* patient's feelings –
but we need to show them that we see
them and *care* about them.

And remember: Compassion that
doesn't include *you* is not complete!

“At the end of the day
people won't remember
what you said or did, they
will remember how you
made them feel.”

- Maya Angelou