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Extended Learning Document: Primary Care Approaches to Addressing the Impacts of Trauma and Adverse Childhood Experiences (ACEs)

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Purpose

All individuals experience trauma throughout their lives.[1] These traumatic experiences may be previous events, or they may be current. The health care community's understanding of trauma's impacts on our health continues to evolve, particularly in the context of the *In Plain Sight Report* highlighting the experiences of Indigenous peoples in Canada, the ongoing toxic drug crisis, and mass traumatic events, such as natural disasters, warfare and genocide.[2,3] Primary care providers are encouraged to learn how trauma affects an individual's and community's health, as well as their utilization of the health care services, and health care experiences.

This extended learning document seeks to introduce primary care providers to the concept of trauma-informed practice (TIP). It provides information about tools including, but not limited to, the Adverse Childhood Experiences (ACEs) questionnaire. This document also provides additional resources for ongoing learning and professional/ personal development.

This is not a clinical practice guideline as research in this area is still evolving, especially the evidence for the use of the ACEs questionnaire in clinical practice. The focus of the document is on adults. While some resources are referenced for the pediatric population, history taking and management of adverse childhood experinces in children and adolescents are outside the scope of this guideline.

Key Learnings

- Build a strong ongoing, consistent, and trusting relationship with patients. This is important to successfully address difficult topics in a culturally safe way and to support an individual's ability to make positive changes over time. This enables primary care practitioners providing longitudinal care to better support their patients to improve their well-being, address past experiences, and give hope.[1] While an ongoing relationship is important, there will be episodic encounters where practicing in a trauma-informed way will be imperative, to ensure patients return to seek care (e.g., walk-in or emergency department setting).
- Recognize and respect the prevalence of historical, intergenerational and current trauma, as well as the many ways that trauma can be experienced. See Indian Hospitals in Canada to learn more.
- Be sensitive to trauma-informed principles in patient interactions.
- Practice a reflective, continuous commitment to ongoing education, which is an important aspect of trauma-informed practice (TIP).
- Practice trauma-informed care, including considerations for staff and clinicians who have experienced trauma in their own lives.[1,4] This trauma may come from personal experiences, or it could be secondary trauma experienced during exposure to another individual's traumatic experiences.

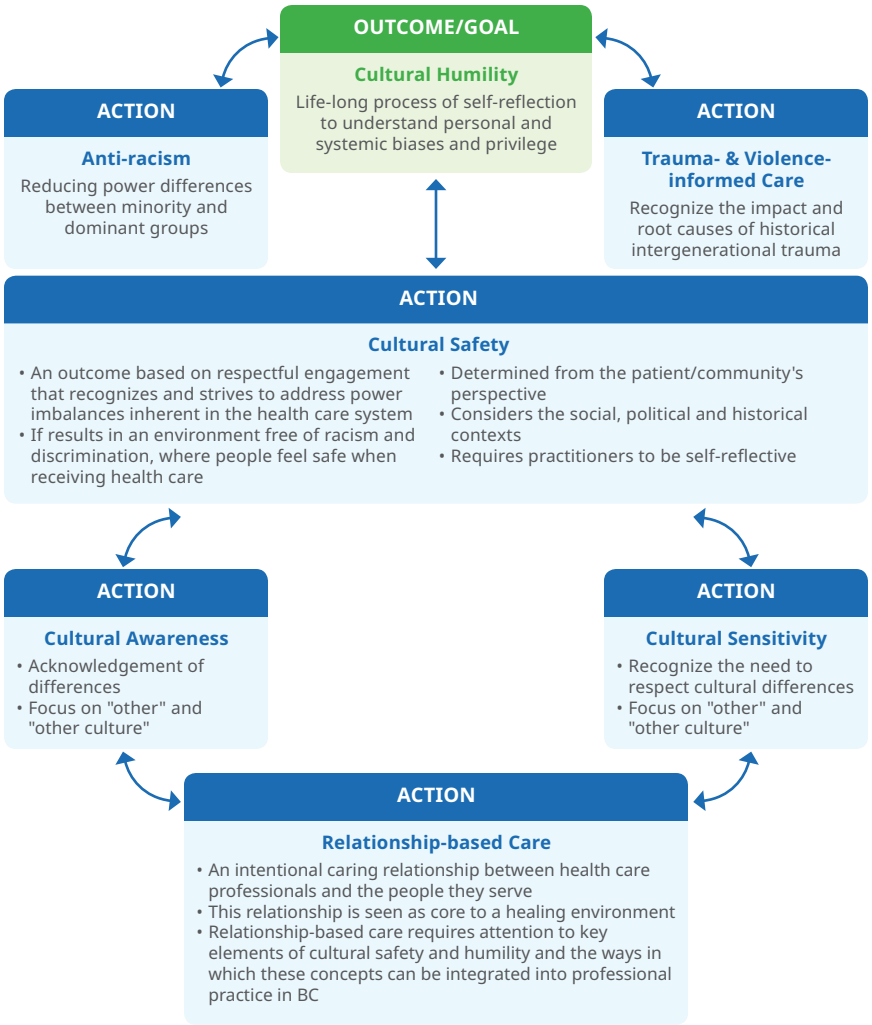
- It is important that healthcare providers build an informal system of peer support that they can draw on or contribute to.[1,5] Skills, such as "The Four Cs," can support care providers' well-being while delivering TIP (see Table 1 below).[6] The Physician Health Program (PHP) offers a confidential 24-hour intake and crisis support line (1-800-663-6729).

Table 1: The Four Cs: Skills in Trauma-Informed Care[6]

Calm	Pay attention to how **you** are feeling while caring for the patient. Breathe and calm yourself to help model and promote calmness for the patient and care for yourself.
Contain	Ask the level of detail of trauma history that will allow the patient to maintain emotional and physical safety, while also respecting the timeframe of your interaction, and will allow you to offer further treatment.
Care	Remember to emphasize, for your patient **and** yourself, good self-care, and compassion.
Cope	Remember to emphasize, for your patient **and** yourself, skills to build upon strength, resiliency, and hope.

- It is not enough to have cultural awareness and cultural sensitivity to improve access and quality of health care services. It is imperative that all these concepts are applied in practice as practitioners continue their cultural safety and humility journey and learning (see Figure 1 below).

Figure 1: Journey of cultural safety and humility*



*Adapted from FNHA's booklet Creating a Climate for Change and the PHAC's document Common Definitions on Cultural Safety: Chief Public Health Officer Health Professional Forum. See Appendix A: Definitions for more information.

Background

Trauma and its sources

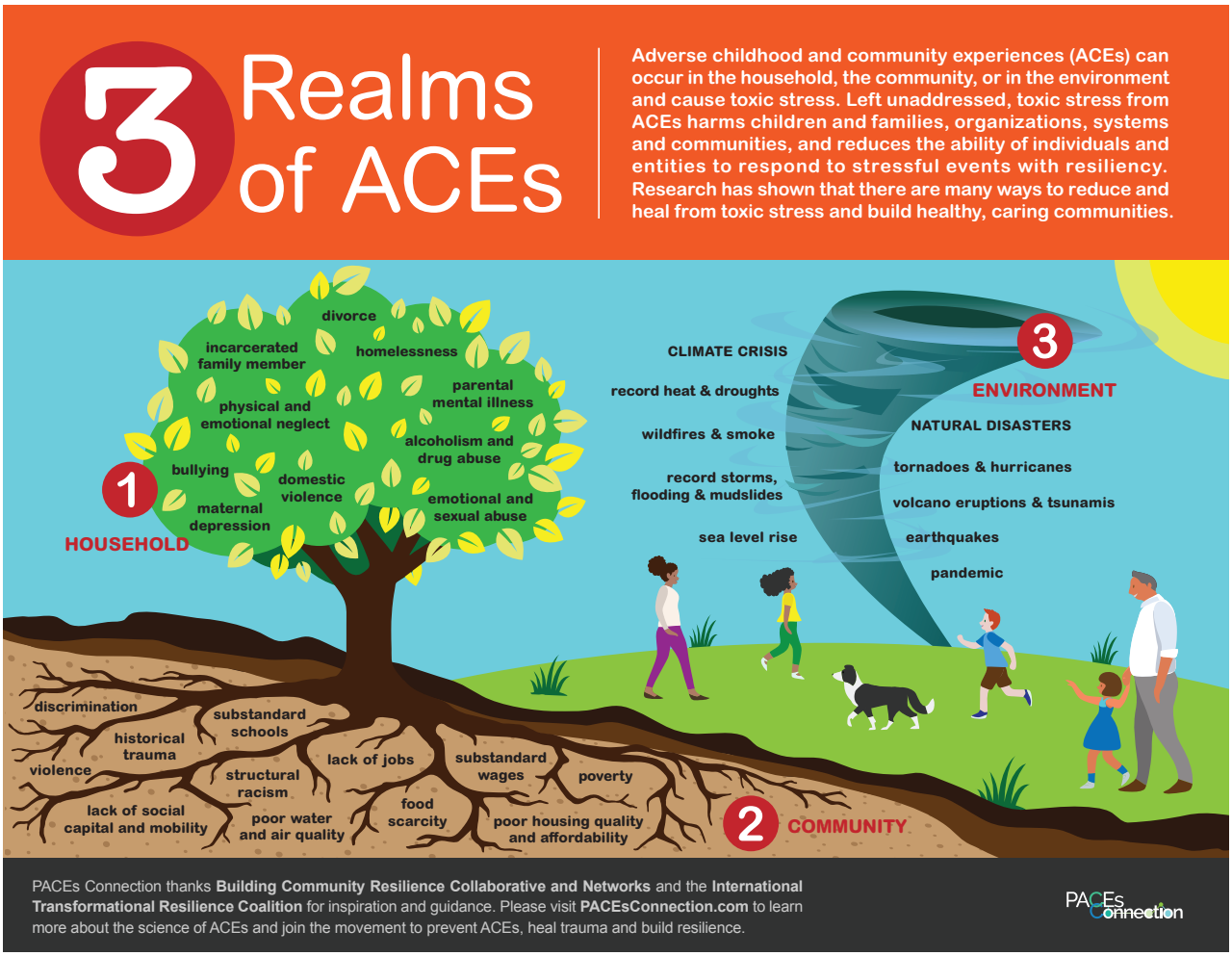
Traumatic experiences may be experienced individually or collectively. Although trauma spans across all races, ages, and socioeconomic statuses, some populations are exposed to trauma at higher rates and with greater frequency than others, e.g., minorities and patients who experience or who have familial experience with chronic economic stress and poverty, incarceration, homelessness, and substance use.[1] Additionally, Indigenous communities continue to bear the health impacts of multigenerational and historical trauma because of the ongoing effects of colonization, e.g., higher rates of diabetes, heart disease, and HIV/AIDS.[1,2,7–9]

Indigenous Patients and TIP in British Columbia (BC)

Assigned trauma scores (e.g., ACEs) may be reminiscent of other harmful colonial practices and may not feel safe to all Indigenous patients. Consider using a tool developed by Indigenous peoples, for Indigenous peoples, or referring to an Indigenous provider or service if you are unsure of your own ability to provide culturally safe care. Please see *Appendix H: Patient, Family, and Caregiver Resources* for a list of Indigenous-centered resources.

As illustrated in Figure 2: 3 Realms of ACEs[10] below, the community environment can have a direct impact on an individual's exposure to trauma. Traumatic experiences in childhood are risk factors for many leading causes of disease, death, disability, poor health, and other social challenges in adults.[11] For more information on how trauma can contribute to health outcomes, please see *Appendix E: Developmental Impact of Adverse Childhood Experiences (ACEs)*.

Figure 2: 3 Realms of ACEs[12]



Trauma-informed practice (TIP)

Trauma-informed approaches are based on resilience, a consistent relationship of trust between patient and provider, and creation of a consistent environment where the patient feels connected, safe, respected, and able to rebuild a sense of control and empowerment.

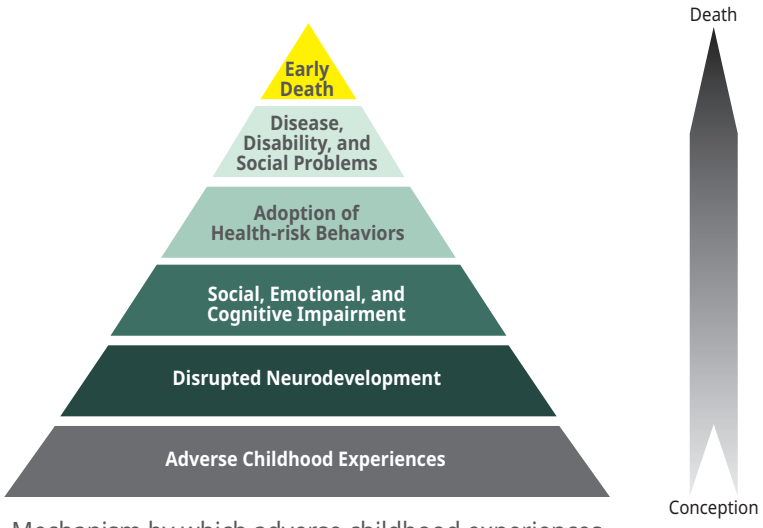
TIP benefits all patients, regardless of their trauma history, and should be offered to everyone as a universal precaution. Without this approach during healthcare visits, patients may be retraumatized.[13] Refer to *Practitioner Resources* and *Appendix F: Avoiding Practice Traps* for further support.

ACEs and their relevance to TIP

Childhood experience of trauma can affect the developing brain and body, resulting in neurobehavioral, social, emotional, and cognitive changes, all of which can have a lifelong impact on the patient's health.[1,11,14]

Structural and neurophysiological changes occur when the developing brain experiences chronic and pervasive stress over time, impacting cortisol regulation. Individuals who have been exposed to trauma may experience a wide range of mental health conditions including anxiety, depression, posttraumatic stress disorder, and suicide attempts.[1,11,14] Refer to *Appendix E: Developmental Impact of Adverse Childhood Experiences (ACEs)* for more information.

Figure 3: The conceptual framework for the ACE Study. ACES may influence health and well-being throughout a patient's lifespan.[13]



Mechanism by which adverse childhood experiences influence health and well-being throught the lifespan

Patients who have experienced ACEs may self-medicate using alcohol and other substances, or engage in risky behaviors, such as self-harm, to cope.[15] Alcohol use disorder (AUD) is a chronic relapsing and remitting medical condition. Regardless of adverse social, occupational, or health repercussions, individuals are unable to stop or control their alcohol use. Any coping mechanisms should be addressed respectfully and without judgement.[13] Be aware of supports for patients with substance use, as described in safer drinking guidelines. There are alarming health disparities that exist between Indigenous and non-Indigenous populations, due to the ongoing effects of oppression and colonization.[8]

Table 2: Potential negative health outcomes associated with having a history of ACEs[14,15]

Health Challenges		Social Challenges
• Ischemic heart disease • Respiratory disease, e.g., chronic obstructive pulmonary disease • Cancer • Gastrointestinal disease • Headaches • Sleep disturbances • Obstetrical complications • Fractures	• Somatic pain • Depression • Anxiety • Post-traumatic stress disorder • Borderline personality disorder • Suicide attempts • Concurrent mental health conditions • Excessive substance use, e.g., alcohol, tobacco, stimulants, opioids	• Challenges at work and school • Intimate partner violence • Sexual, verbal, physical violence • Unintended pregnancy • Poor quality of life • Psychological distress • Low socioeconomic status

The ACEs Questionnaire

The ACEs questionnaire is composed of ten questions and invites reflection upon specific experiences of developmental trauma. For detailed information on how to appropriately use the ACEs questionnaire in the primary care setting, please see *Appendix C: Adverse Childhood Experiences (ACEs) Questionnaire* and *Appendix D: Considerations for ACE Questionnaire Use in the Primary Care Setting*. As ACEs is an evolving field of study, providers who might perform the ACEs questionnaire are encouraged to engage in continuing education. Please see *Practitioner Resources* for more information.[11]

The ACEs questionnaire can be a useful tool under the right circumstances for some patients, but it is not a one-size-fits-all solution. While some patients may feel validated by a quantitative score, others may feel devalued and re-traumatized (or "triggered") by such an assessment. It is important to be aware that the numerical score indicates relative risk, not an absolute outcome (positive or negative). The impact of traumatic experiences on a patient's health depends on the supports available to them since the time of the event(s).[1,13] A low or zero score does not denote the absence of trauma. Refer to *Appendix D: Considerations for ACE Questionnaire Use in the Primary Care Setting*.

The Deveraux Adult Resilience Survey (DARS)

The DARS is a 23-item, strengths-based reflective checklist that provides adults with information about their resilience, relationships, and skills.[16] The DARS is supplemented by examples, reflection and an action plan that can be used to help individuals build on their existing strengths. See *Appendix B: Devereaux Adult Resilience Survey (DARS) and Adverse Childhood Esperiences (ACEs) Questionnaire* and *Appendix C: Adverse Childhood Experiences (ACEs) Questionnaire*.

Trauma and attitudes towards medical care

In addition to physical and mental health, a history of trauma can have a profound effect on a patient's attitudes toward medical care.[1] Trauma-induced feelings of guilt, shame, rage, isolation, or powerlessness can be exacerbated by the power dynamic experienced in the provider-patient relationship.[6] Patients may experience anxiety due to examinations, procedures, or healthcare settings which remind them of their traumatic experience(s). Previously, patients may have had encounters with providers who were unaware of or unfamiliar with trauma-informed practices, and unintentionally retraumatized them. This combination of experience, emotion, and relationships may explain why survivors are more likely to default to acute and emergency care than preventive care. Also refer to Indian Hospitals in Canada to learn more.

Benefits of addressing trauma in primary care

Addressing sources of mental and physical stress is important in preventing negative patient health outcomes. Acknowledging trauma in the primary care setting can:

- Provide a supportive, healing and consistent relationship for safe attachment, especially for those who have not had that experience.
- Reduce stigma by demonstrating that the practice is a safe and non-judgmental environment.
- Encourage patients to become proactive partners in their healing journey by validating their strengths.

A patient is more likely to share and want to work on a health condition when they feel safe with their care provider.[1]

Assessment for trauma

The best way to assess trauma is to approach each patient's case with respect and consideration. Give some thought as to how and when to conduct the assessment, whether evaluating will be for current or past trauma(s), and if assessment instruments will be delivered in person, or completed virtually.[1] Regardless of how assessment is undertaken, respect should be shown when survivors of trauma do not wish or are unable to discuss their experiences.

A trusting, consistent relationship is essential and takes time to develop. This is an important aspect prior to conducting a trauma evaluation.[1,6] Even with a trusting, consistent relationship in place, patients may change their minds about disclosing traumatic experiences after initially expressing interest. Trauma is most felt when an individual feels alone and unsafe in a chaotic environment. The support for the individual is that they need to feel that they are seen, heard, held, and valued in the encounter(s). Remain patient, avoid stigmatizing survivors, and focus on resilience rather than pathology.[13] Practitioners need to know how to identify their own triggers and be mindful of self-care. This allows the practitioner to approach the individual in a caring way to de-escalate triggering situations and support patients as needed. Consider asking the question, 'What happened to you?' rather than 'What's wrong with you?' when addressing problems that may be related to past trauma.

Supporting patients who have experienced trauma

Asking, listening, and validating is itself an intervention that can support patient health outcomes, and promote healing and recovery.[4,17] Whenever possible, providers should identify patients' strengths and build on them.[13] Consider offering a resilience questionnaire e.g., *Appendix B: Devereaux Adult Resilience Survey (DARS)* and/or building a resource list (see *Appendix H: Patient, Family, and Caregiver Resources*).

Another supportive technique to consider is motivational interviewing. Motivational interviewing techniques assist patients in making changes that improve their own personal sense of well-being (refer to *Appendix G: Validating and Invalidating Statements and Curious Questions*). For more information on motivational interviewing, please refer to *Adult Mental Health Cognitive Behavioural Interpersonal Skills Tools* for strategies and techniques.

Examples of open ended, resilience-oriented questions.

"What are you already doing to look after yourself (your family, children, etc.)?"

"How have you managed to get through the tough times in your life?"

"What are your hopes for the future?"

Source: BC TIP Guide.

Refer to the continued learning section for motivational learning resources.

Recognizing re-traumatization and secondary trauma

Re-traumatization is a "conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial event".[1] A wide variety of experiences during a clinical encounter could be re-traumatizing. These experiences include but are not limited to personal questions that may be distressing or result in a sense of loss of or lack of privacy, physical touch, or the power differential in the patient–physician relationship.

The Physician Health Program (PHP) offers a confidential 24-hour intake and a crisis support line 1-800-663-6729. Additional resources for provider wellness can be found on the Resources on Vicarious Trauma website. A fact sheet specific to the experience of vicarious trauma in Indigenous communities developed by the Thunderbird Partnership Foundation can be found here.

Acknowledgements

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Resources

Appendices

- *Appendix A: Definitions*
- *Appendix B: Devereaux Adult Resilience Survey (DARS)*
- *Appendix C: Adverse Childhood Experiences (ACEs) Questionnaire*
- *Appendix D: Considerations for ACE Questionnaire Use in the Primary Care Setting*
- *Appendix E: Developmental Impact of Adverse Childhood Experiences (ACEs)*
- *Appendix F: Avoiding Practice Traps*
- *Appendix G: Validating and Invalidating Statements and Curious Questions*
- *Appendix H: Patient, Family, and Caregiver Resources*

Practitioner Resources

Trauma-Informed Practice

- **UBC CPD IPL Group Trauma Informed Practice:** Nawh Whu'nus'en – We See in Two Worlds: Trauma Sensitive Practices for Collectively Healing in Relationship found on https://ubccpd.ca/.
- **BC Trauma-Informed Practice Guide:** https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- **Cognitive Behavioural Interpersonal Skills (CBIS) - Indigenous:** pspexchangebc.ca/course/view.php?id=70&section=4
- **EQUIP Trauma and Violence Informed Care Resources:** https://equiphealthcare.ca/tvic-workshop/
- **The Trauma-Informed Toolkit – Klinic Community Health Centre:** gbsurvivors.org/wp-content/uploads/2017/05/Trauma-Toolkit.pdf
- **Handbook on Sensitive Practice for Health Care Practitioners - Lessons from adult survivors of childhood sexual abuse:** publications.gc.ca/collections/collection_2010/aspc-phac/HP20-11-2009-eng.pdf
- **Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol - Trauma-Informed Care in Behavioral Health Services:** https://store.samhsa.gov/product/tip-57-trauma-informed-care-behavioral-health-services/sma14-4816
- **Complex Trauma Resources for Clinicians:** https://www.complextrauma.ca/resources
- **Resources on Vicarious Trauma:** https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/vicarious_trauma_and_organization_resource_list.pdf
- **The Physician Health Program (PHP):** Offers a confidential 24-hour intake and a crisis support line 1-800-663-6729.

Indigenous Cultural Safety (ICS)

- **San'yas Indigenous Cultural Safety Training:** Provincial Health Services Authority sanyas.ca
- **ICS Hummingbird Level 1 – Foundations:** Available in some regional health authorities and found on https://medicalstaff.vch.ca/.
- **Resources and Webinars about Cultural Safety and Humility:** First Nations Health Authority https://www.fnha.ca/what-we-do/cultural-safety-and-humility
- **Anti-Racism, Cultural Safety & Humility Framework:** First Nations Health Authority https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf
- **British Columbia Cultural Safety and Humility Standard:** https://healthstandards.org/standard/cultural-safety-and-humility-standard/
- **For the Next Seven Generations – for the Children:** Island Health's Indigenous Health Program https://www.islandhealth.ca/learn-about-health/indigenous-health/indigenous-health-cultural-safety

- **Cultural safety modules:** through Continuing Studies at the University of Victoria (https://continuingstudies.uvic.ca/info-for/professional-programming/professional-programs/?gad_source=1&gclid=Cj0KCQjwncWvBhD_ARIsAEb2HW9jd5PjH-8XwcCPxdR-RYPhRdi4Q9mXsdvO3T-3jv8lDliBiyfBYm0aAqFPEALw_wcB):
  - **Peoples' Experiences of Colonization**
  - **Peoples' Experiences of Oppression**
  - **Peoples' Experiences of Colonization in Relation to Health Care**
- **Practicing Cultural Safety and Humility in the Response to COVID-19:** BC College of Family Physicians https://bccfp.bc.ca/wp-content/uploads/2020/05/Practising-cultural-safety-and-humility-in-response-to-COVID-19.pdf
- **R.E.S.P.E.C.T. Model of Cross-Cultural Communication:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847117/?tool=pubmed
- ***In Plain Sight – Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*:** https://engage.gov.bc.ca/addressingracism/
- **Other health authority cultural health and wellness resources:**
  - **Northern Health:** Local Cultural Resources
  - **Vancouver Coastal Health:** Indigenous Cultural Safety Policy
  - **Fraser Health:** Cultural Safety and Humility
  - **Interior Health:** "Cultural Safety in Practice – How to be an Ally" (video)
  - **Island Health:** Cultural Safety
- **Primary Care Networks:** Indigenous Engagement and Cultural Safety Guidebook
- **Anti-Racism – BC College of Family Physicians:** https://bccfp.bc.ca/anti-racism-2/
- **Health Quality BC:** Culturally Safe Engagement: What Matters to Indigenous (First Nations, Métis & Inuit) Patient Partners?
- **BC Public Service:** Cultural Agility
- **Rise Above Racism:** Anti-Indigenous Racism Resources

Refugees

- **BC Refugee Hub:** Mental Health Toolkit for Refugees and Refugee Claimants – BC Refugee Hub
- **Vancouver Association for the Survivors of Torture (VAST):** VAST is BC's largest centre for refugee and newcomer mental health and supports individuals who arrive in BC with psychological trauma and vulnerable status. VAST BC
- **Vancouver Island Counselling Centre for Immigrants and Refugees (VICCIR):** VICCIR

2SLGBTQIA+

- **QMUNITY:** BC's queer resource centre. www.qmunity.ca or 604-684-5307
- **TransCare BC:** http://www.phsa.ca/transcarebc/
- **Trans Lifeline:** A trans-led organization that connects trans people to the community, support, and resources. Telephone number: 1 (877) 330-6366
- **Victoria Pride Society:** Victoria 2SLGBTQIA+ youth resources

Continuing Professional Development

- **Practice Support Program ACEs module:** For small group learning and individual support
- **Alberta Family Wellness Initiative – The Brain Story Certification:** https://www.albertafamilywellness.org/training
- **Positive and Adverse Childhood Experiences (PACEs) Connection:** https://www.pacesconnection.com/
- **Workshops and Information on Trauma and Dissociation for physicians and nurses:** https://www.beyond-the-cycle-of-trauma.org/

- **VEGA (Violence, Evidence, Guidance and Action) Project:** Evidence-based guidance and education resources including care pathways, scripts, and how-to videos for responding to child maltreatment, intimate partner violence, and children's exposure to intimate partner violence: https://vegaproject.mcmaster.ca/
- **Motivational Interviewing:**
  - UBC CPD: Motivational Interviewing eLearning
  - The Centre for Collaboration, Motivation and Innovation: Motivational Interviewing
  - Motivational Interviewing Network of Trainers (MINT)
  - Change Talk Associates
  - The Centre for Addiction and Mental Health
  - PsyMontreal

Pediatrics

- **Collaborative Toolbox:** A 'one-stop-shop' of resources created and curated by members of the BC Child and Youth Mental Health and Substance Use Collaborative: http://www.collaborativetoolbox.ca/
- **Canadian Pediatric Society Position Statement – Relationships Matter: How clinicians can support positive parenting in the early years:** https://www.cps.ca/en/documents/position/positive-parenting
- **Stress Health:** Practical resources for parents to build resilience: https://www.stresshealth.org/
- **Complex Trauma:** Facts for Caregivers. A pdf guide for foster parents.
- **Perinatal Services BC:** 'Honouring Indigenous Women's and Families' Pregnancy Journeys: A Practice Resource to Support Improved Perinatal Care Created by Aunties, Mothers, Grandmothers, Sisters, and Daughters'

Rapid Consultation Services

- **RACE: Rapid Access to Consultative Expertise Program:** www.raceconnect.ca
  A phone consultation line for physicians, nurse practitioners and medical residents.

  If relevant specialty area is available through your local RACE line, please contact them first.

  Contact your local RACE line for the list of available specialty areas. If your local RACE line does not cover the relevant specialty service or there is no local RACE line in your area, or to access Provincial Services, please contact the Vancouver/Providence RACE line.
  - **Vancouver Coastal Health Region/Providence Health Care:** www.raceconnect.ca
    www.raceapp.ca (tip: download the RACEapp+ to your device from the Apple or Android stores)
    - 604-696-2131 (Vancouver) or 1-877-696-2131 (toll free) Available Monday to Friday, 8 am to 5 pm, excluding statutory holidays.
  - **Northern RACE**
    - 1-877-605-7223 (toll free)
  - **Kootenay Boundary RACE**
    - 1-844-365-7223 (toll free)
  - **Fraser Valley RACE:** www.raceapp.ca (tip: download the RACEapp+ to your device from the Apple or Android stores)
  - **Vancouver Island RACE:** to register, please visit www.raceapp.ca (tip: download the RACEapp+ to your device from the Apple or Android stores). For more information, please visit South Island Division of Family Practice: RACE

- **Compass:** 1-855-702-7272 available Monday to Friday, 9am to 5pm
  Phone and telehealth consultations for practitioners working with children and youth living with mental health and substance use concerns. The Compass multidisciplinary team can help with diagnostic clarification, medication recommendations, treatment planning, consultation around Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, substance use counselling, behavioural challenges, family challenges, trauma treatment, and general support when things aren't going well. You will receive a written record of all consultation recommendations for the patient's chart.

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BC Guidelines are developed for the Medical Services Commission by the Guidelines and Protocols Advisory Committee, a joint committee of Government and the Doctors of BC. BC Guidelines are adopted under the *Medicare Protection Act* and, where relevant, the *Laboratory Services Act*.

Disclaimer: This extended learning document is based on best available scientific evidence and clinical expertise as of January 17, 2024. It is not intended as a substitute for the clinical or professional judgment of a health care practitioner.

Appendix A: Definitions

- **Trauma:** In this document, *trauma* refers to the psychological effects of a life event that is out of an individual's control and overwhelms an individual's capacity to cope.[13,18] Trauma has serious long-term mental, emotional, spiritual, physical, and behavioural impacts.[19]
- **Re-traumatization:** When a person is exposed to people, situations, or environments which immerse them in memories of their previous trauma, sometimes in a way which may cause feelings of reliving the initial traumatic experience.[19] A patient may refer to a person, situation, or environment that might re-traumatize them as a "trigger", or a re-traumatizing experience as "triggering".
- **Intergenerational trauma:** Also referred to as trans- or multigenerational trauma, is compounded trauma that is transferred from those who directly experience an incident to the next generations. This type of trauma may start with a traumatic event affecting an individual, those affecting multiple family members, or affecting larger community through collective trauma.[20] "For Indigenous peoples, the historical (and present) trauma includes trauma created because assimilative policies and laws aimed at attempted cultural genocide and continues to be (exacerbated) by forms of colonialism and discrimination. Examples include the Indian Residential Schools, as well as Missing and Murdered Indigenous women."[2] Also refer to Indian Hospitals in Canada to learn more.
- **Adverse childhood experiences (ACEs):** Childhood experience of trauma (also known as ACEs) can affect the developing brain and body, resulting in neurobehavioral, social, emotional, and cognitive changes, all of which can have a lifelong impact on the patient's health.[1,11,14]
- **Trauma-informed practice:** A strengths-based approach to interactions with patients that acknowledges the conscious and unconscious impacts of trauma on health and functioning, and emphasizes safety, supported structured choice, appropriately timed collaboration, as well as creating trustworthy services and practices. Challenging behaviours are recognized as previously adaptive coping strategies to survive past and current stress and may now interfere with healthy functioning.[19]
- **Cultural safety:** Provides an environment that is physically, socially, emotionally, and spiritually safe. An individual's cultural identify and needs are recognized and respected. When an individual's cultural identity and well-being is disempowered, diminished or demeaned, the environment is culturally unsafe.[2] Practitioners should be cognizant of those who have been harmed and continue to be harmed by systemic oppression (e.g., colonialism, medical racism, systemic ableism). Cultural safety is also an 'outcome' based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system; it is when Indigenous people feel safe when receiving Health Care."[21]
- **Cultural humility:** Is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.[22] It is also imperative that practitioners acknowledge power dynamics.
- **Resilience:** The ability to cope, heal and thrive despite adversity.[23–25] "The healthy brain has a considerable capacity for resilience, based upon its ability to respond to interventions designed to open "windows of plasticity" and redirect its function toward better health."[26] "Neuroplasticity refers to the brain's ability to be shaped and "re-wired" by new learning and experiences. In contrast to earlier assumptions, considerable research now shows that both the function and structure of the human brain can change in healthy ways with targeted practice even into late adulthood."[27,28]
- **Bullying:** A form of violence (common among youth), that entails any unwanted aggressive action(s) that includes observed and/or perceived power imbalance and is often repeated multiple times. Bullying may cause physical, psychological, social, or educational harm or distress. These behaviours may occur through technology, which is referred to as cyberbullying.[29]

Appendix B: Devereaux Adult Resilience Survey (DARS)[16]

"This survey was created to support adults as they reflect on how to promote the capacity for resilience in themselves. Take time to reflect on and complete each item on the survey below. There are no right or wrong answers! Once you have finished, reflect on your strengths, and then start small and plan for one or two things that you feel are important to improve." Reproduced from the Devereux Center for Resilient Children (DCRS), visit this page for more supplements.

Item	Almost Always	Sometimes	Not Yet
Relationships			
1. I have good friends who support me.			
2. I have a mentor or someone who shows me the way.			
3. I provide support to others.			
4. I am empathetic to others.			
5. I trust my close friends.			
Internal Beliefs			
1. My role as a caregiver is important.			
2. I have personal strengths.			
3. I am creative.			
4. I have strong beliefs.			
5. I am hopeful about the future.			
6. I am loveable.			
Initiative			
1. I communicate effectively with those around me.			
2. I try many different ways to solve a problem.			
3. I have a hobby that I engage in.			
4. I seek out new knowledge.			
5. I am open to new ideas.			
6. I laugh often.			
7. I am able to say no.			
8. I can ask for help.			
Self-Control			
1. I express my emotions.			
2. I set limits for myself.			
3. I am flexible.			
4. I can calm myself down.			

Ways to cultivate resilience include:
- focusing on the positive, maintaining a hopeful outlook
- making meaningful connections with others
- keeping things in perspective (not viewing crises as insurmountable)
- meditating, praying and other spiritual / cultural practices
- exercising, including walking in nature
- being adaptable and accepting that change is a part of living
- moving toward goals and taking decisive actions[30]

Appendix C: Adverse Childhood Experiences (ACEs) Questionnaire[11]

* Note some recent studies recommend broadening categories to account for community and systemic factors e.g., exposure to community violence, economic hardship, bullying and discrimination.

"Our relationships and experiences (even those in childhood) can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below by checking the corresponding circle, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being."

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. Did you lose a parent through divorce, abandonment, death, or other reason?
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
6. Did you live with anyone who went to jail or prison?
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
9. Did you feel that no one in your family loved you or thought you were special?
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Your ACE score is the total number of checked responses: _____

Experiences in childhood are just one part of a person's life story. There are many ways to heal throughout one's life.

Appendix D: Considerations for ACE Questionnaire Use in the Primary Care Setting

Remember that this is not a standardized test or validated assessment tool for risk prediction. A low or zero score does not denote the absence of trauma. Before providing the questionnaire, explain the purpose of ACEs assessment and ask permission e.g., "I have some questions of a sensitive nature. May I have your permission to ask them today?" Let the patient know they do not have to answer questions they are not comfortable with, and their responses will be kept confidential.

1. The ACEs questionnaire takes about 2-5 minutes to complete. The questionnaire should be provided to the patient in a private setting away from other patients, and **where support is readily available** (e.g., not in the waiting room).
2. The patient provides their total (de-identified) ACE score if they choose to disclose it. A "de-identified score" is the total number of "yes" responses. The practitioner does not need to know the answer to each question. It is not necessary to know the history and details of the experiences, or the score itself, unless the patient indicates an interest in discussing further.
3. When appropriate, acknowledge the score, discuss further with the patient (when and if they are ready), validate and acknowledge past trauma, ask "how is this affecting you now?" and offer support (*Appendix G: Validating and Invalidating Statements and Curious Questions*).*
4. The questionnaire can be retained in the patient's chart or sent home with the patient.
5. Incorporate the ACE score and your understanding of its impact into your ongoing care of the patient.

* Some individuals may experience an adverse reaction to a moderate or high score; there is a risk that some will perceive their score as a rigid determinant of poor health, feel stigmatized, and/or become despondent/resigned to a less hopeful path. This experience highlights the need for mental health supports to be immediately available to those that are scored, please see *Appendix H: Patient, Family, and Caregiver Resources* for more information.

Appendix E: Developmental Impact of Adverse Childhood Experiences (ACEs)

ACEs can increase the risk of biomedical disease in four ways:

- **Chronic stress impacts development (allostatic load):** Chronic toxic stress in early childhood is mediated by chronic hypercortisolemia and proinflammatory cytokines. This is associated with long term changes in multiple brain circuits and systems, particularly those that affect mood control, social attachment, anxiety, executive function, memory, and learning. Therefore, ACEs can have negative impacts on health and wellbeing even without the presence of health risk behaviours.
- **Health-risk behaviours as coping strategies:** Behaviours such as excessive substance use and over-eating can provide immediate pharmacological and/or psychological benefit when patients are faced with stress and adversity. Over time, chronic "self-medicating" behaviours increase the risk of disease and poorer health outcomes later in life.[11]
- **Harmful risk environments:** The environments where patients grow up can affect the likelihood and impact of ACEs. Examples include: poverty, stigma, intimate partner violence, colonialism and social marginalization.[11]
- **Intergenerational transmission:** Toxic stress caused by ACEs can influence heritable epigenetic changes,[31] and parenting practices can also be influenced by the parent's own ACE history.

Table 3. Potential negative health outcomes associated with having a history of ACEs[14,15]

Health Challenges		Social Challenges
• Ischemic heart disease • Respiratory disease, e.g., chronic obstructive pulmonary disease • Cancer • Gastrointestinal disease • Headaches • Sleep disturbances • Obstetrical complications • Fractures	• Somatic pain • Depression • Anxiety • Post-traumatic stress disorder • Borderline personality disorder • Suicide attempts • Concurrent mental health conditions • Excessive substance use, e.g., alcohol, tobacco, stimulants, opioids	• Challenges at work and school • Intimate partner violence • Sexual, verbal, physical violence • Unintended pregnancy • Poor quality of life • Psychological distress • Low socioeconomic status

Appendix F: Avoiding Practice Traps

Practice Trap*	When You Identify the Practice Trap, Change It To:
Fixing and wanting to be helpful to the point of not hearing the patient – thus reproducing abuse dynamics of trauma.	Listen with empathy, respect and patience.
Lecturing instead of listening: This is sometimes triggered by time pressures and the perceived necessity to provide ALL the information. This can make the patient feel disrespected and result in loss of collaboration.	Know when/how to give advice and when to just listen, empathize and give structured choice when appropriate.
Feeling overwhelmed can result from feeling pushed, especially when the patient's situation is so complex that it is hard to know where to start.	Focus on being in the moment. Practice and teach relaxation techniques. • Demonstrating a breathing exercise (e.g., box breathing, or taking a few deep breaths together) at the start of a visit to establish a clam tone and model a simple way to self-soothe.[32] Set boundaries by explaining the length of the visit, choose a priority to work on together, and schedule a follow up. • Use an incremental/longitudinal approach – small steps over time. • Set agendas for more frequent, shorter visits for complex medical issues. • Involve other care providers on the team. Consider reaching out to a colleague for support. • "I need time to think about it/talk to a colleague about it. I will get back to you."
Rigidity: belief that there is only one way for patients to recover.	Flexibility.
Believing that information alone can cause change	Appeal to the emotional instead of the rational (connect to heart). Refer to *Appendix G: Validating and Invalidating Statements and Curious Questions*.
Losing awareness of body language and facial expression can result in expressions of excessive sympathy, dismay, frustration or shock that can have an unintended impact on the conversation.	Be aware of common cues that may indicate a shame state. "These include postural and embodied cues (e.g., covering the face, blushing, downcast eyes, etc.), common terms used instead of shame (e.g., 'self-conscious', 'embarrassed', 'foolish', 'worthless', 'inept', 'inferior', etc.), paralinguistic cues (e.g., stammering, silence, long pauses, etc.). Practitioners must also become adept at recognising bypassed shame, through knowledge and recognition of common avoidance behaviours for shame."[33]

*Adapted from the BC Trauma-Informed Practice Guide: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Appendix G: Validating and Invalidating Statements and Curious Questions[†]

Remember not to focus on what happened; focus on how the patient feels about the situation. To address feelings, you must use emotional language, not rational or judgmental language. Nonverbal cues such as body language, eye contact, and tone of voice are just as important as the words that you say.

Examples of validating statements

"I can see that you are very (upset, sad, frightened, scared)."
"Here's what I'm hearing you say." *(Summarize with fact checking.)*
"I can see how hard you are working."
"Wow, that (she/he) must have made you feel really angry/sad, etc."
"I can see this is important to you."
"It makes sense you would be so upset about that."
"I can see you're overwhelmed. Can we talk?"
"It's going to be hard... and I know you will figure it out."
"Tell me what that's like for you."

Examples of curious questions

"Can I ask some questions?"
"Tell me more."
"What are you feeling?"
"What am I not getting?"
"Can you give me a stress #? 1 = I'm OK, 10 = I'm drowning!!"
"Are you safe?"
"Tell me what worries you."

Examples of invalidating statements

"I hated it when that happened to me." *(Make it about you.)*
"You should feel lucky, thankful..." "What's the big deal?" *(Tell them how they should feel.)*
"What you really should do is..." *(Try to give advice.)*
"Well, life's not fair..." *(Make "life" statements.)*
"What you did was wrong/bad...good/great..." *(Make judgmental statements.)*
"I bet they were just..." *(Rationalize another person's behavior.)*

[†]Adapted from: www.borderlinepersonalitydisorder.com

Appendix H: Patient, Family, and Caregiver Resources

Support for parents and caregivers

- **Confident Parents Thriving Kids:** A telephone-based coaching service for parents proven effective in reducing mild to moderate behavioral problems in children ages 3–12. Offered at no cost to BC parents and caregivers through referral from a family doctor or pediatrician. https://welcome.cmhacptk.ca/
- **Public Health Prenatal Registries and Programs:** Pregnant women and girls can be referred to public health as early in pregnancy as possible by phone, fax or on-line as available. ***Women can also self-refer.*** Public health can offer women with social complexities more intensive follow-up and enhanced support services and will support women to make the healthiest choices possible including accessing community resources. http://www.perinatalservicesbc.ca/
- **Nurse-Family Partnership (NFP):** NFP offers support for pregnant women and girls who are having their first baby and are facing disadvantages such as low income. A public health nurse will provide home visits starting in pregnancy and continuing until the baby turns two. Eligible women and girls can be referred to the program through prenatal registries or directly by contacting public health in your health authority. https://www.nursefamilypartnership.org/
- **Circle of Security:** Weekly education program for parents and caregivers to improve parent-child attachment. The program assists parents to better understand and respond to their child's needs and improve confidence in parenting skills. Childcare is provided. https://eastsidefamilyplace.org/programs/circle-of-security/
- **Raising Resilient Kids:** An online reflective parenting program, designed to strengthen the caregiver-child relationship during the early childhood years (age 0-6). This 8-week group is facilitated by physicians and covered by MSP with a referral from primary care practitioners. Parents and caregivers benefit from psycho-education on children's social-emotional development, and learn essential parenting skills to navigate conflict, normalize distress, and support healthy emotional expression in children. https://cbtskills.ca/physicians

Supports for teens and young adults

- **Foundry:** Integrated health and social service centres for young people ages 12-24 including mental health care, substance use services, primary care, social services, and youth and family peer supports. https://foundrybc.ca/
- **Kelty:** Helps families across the province navigate the mental health system, connect with peer support, and access resources and tools to support wellbeing. https://keltymentalhealth.ca/
- **Compass:** A province-wide service to improve access to evidence-based care for all BC children and youth living with mental health and substance use concerns. https://www.compassbc.ca/

Support for adults

- **Bounce Back®:** an evidence-based CBT program designed to assist primary care practitioners in working with patients (ages 15+) experiencing mild to moderate depression or anxiety. Participants learn CBT skills to help them improve problems such as low mood, reduced activity, unhelpful thinking, worry, and avoidance. https://bouncebackbc.ca/
- **Ministry of Mental Health and Addictions (MMHA) Service Map:** An interactive map of mental health and substance use services throughout B.C. Mental Health and Substance Use Service Map – Province of British Columbia (gov.bc.ca)

Support for Indigenous Patients

- **The KUU-US Crisis Line Society:** provides a First Nations and Indigenous specific crisis line available 24 hours a day, 7 days a week, toll-free from anywhere in BC and can support individuals with mental health issues and crisis related to residential school, child welfare, addiction, health concerns, divorce and separation, suicide ideation and survivorship, grief and loss, crime, abuse, peer pressure and financial distress, etc.: http://www.kuu-uscrisisline.ca/
- **Native Youth Crisis Hotline:** Answered by staff 24/7. Available throughout Canada and US: 1-877-209-1266
- **Circle of Eagles Lodge Society:** for counselling and other support services: https://www.circleofeagles.com/
- **BC Association of Aboriginal Friendship Centres:** find a local friendship centre and the services they offer: https://bcaafc.com/
- **First Nations Health Authority:** Traditional Wellness and Healing