

## **Improving Communication between Primary Care Providers and their Trauma Patients**

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### **Abstract**

The funded research utilizes the NIH R34 mechanism to adapt and pilot test the *Risking Connection* curriculum, to be appropriate for primary care providers (PCPs) serving low-income and minority patients. The following aims are proposed:

- 1) **To adapt an existing manual and training curriculum on working therapeutically with trauma survivors to be appropriate for primary care providers.**
- 2) **To evaluate initial acceptability of the curriculum and associated materials.**
- 3) **To implement a controlled study of the adapted training in PCPs in Center for Trauma and the Community clinical sites.**

The primary outcomes will consist of ratings by standardized/simulated patients (SPs) following primary care visits with PCPs, and by independent raters, based on the taped SP visits using two different rating systems.

Secondary outcomes of interest in this trial of the curriculum will include acceptability and feasibility of the intervention to the providers; the short-term impact on their (low-income) patients; and qualitative analyses of group critiques of the training at completion.

Follow-up of some providers for as long as 18 months will explore the extent to which the training promotes sustained gains in the target behaviors.

The long-term goal of the research program is to support PCPs by providing them with multiple strategies to address the physical and mental health complaints of their patients, with follow-on research addressed to sustainability.

### **SPECIFIC AIMS**

Trauma, especially interpersonal violence, takes a strong toll on mental health, resulting in a wide variety of emotional complaints, anxiety and depressive disorders, and interpersonal problems. Trauma exposure is also associated with increased medical morbidity, decreased preventive care, and increased costs to the health care system. Rates of trauma and trauma-related mental health problems are high in primary care settings. Low-income populations are at highest risk for these problems, and they are not adequately served by traditional mental health settings. ***The proposed research addresses trauma-related mental and physical health problems that present in the primary care setting by adapting and testing a training curriculum for primary care providers to help them understand and work with trauma and mental health patients, with a focus on settings that serve low-income and minority patients.***

The long-term goal of the research program is to support primary care providers (PCPs) by providing them with multiple strategies to address the physical and mental health complaints of their patients. In order to provide this support in the long term, this R34

proposal will achieve the short-term goal of adapting and preliminarily evaluating the curriculum.

The research is proposed in the context of the Georgetown Center for Trauma and the Community, whose purpose is to develop innovative and sustainable patient, provider, and system interventions to address trauma-related mental health needs of safety net primary care populations in the Washington, DC region.

The proposed study has the following Specific Aims:

- 1. To adapt an existing manual and training curriculum on working therapeutically with trauma survivors to be appropriate for primary care providers.** *Risking Connection* (RC) is a theory-based practical approach to teaching service providers how to work productively with trauma survivors in a variety of settings, with a focus on growth-promoting and healing relationships. The research team consists of medical communication and trauma experts, as well as primary care providers, to address all aspects of the curriculum. The process of adaptation includes multiple modifications informed by the expert team's experiences, extensive input of primary care providers, and the vetting of the curriculum to patients.
- 2. To evaluate initial acceptability of the curriculum and associated materials.** This aim includes the early piloting of the training curriculum with 16 PCPs, and multiple qualitative investigations of the feasibility and acceptability of the curriculum. It also focuses on clarifying the areas in which the curriculum is likely to affect provider behavior and patient evaluations and outcomes. Existing measures of provider and patient outcomes will be examined as candidates for use in future trials of this intervention, with emphasis on their conceptual links to the training and their ability to show training-related change. Further revisions will be presented to new PCPs and patients for their feedback.
- 3. To implement a controlled study of the adapted training in PCPs in Center for Trauma and the Community clinical sites.** Four groups of eight PCPs each will be randomized to training or wait-list (delay) conditions; the waitlist groups will be trained after reassessment following delay. Outcomes will be assessed at baseline and after training for trained and control groups, and the waitlist group will be assessed again after training. The primary outcomes will consist of ratings by standardized/simulated patients (SPs) following primary care visits with PCPs, and by independent raters, based on the taped SP visits, using two different rating systems. Secondary outcomes of interest in this small-scale trial of the curriculum will include acceptability and feasibility of the intervention to the providers; the short-term impact on their (low-income) patients; and qualitative analyses of group critiques of the training at completion. Follow-up of some providers for as long as 18 months will explore the extent to which the training promotes sustained gains in the target behaviors.