

Episode: *Author Interview: “Key Updates to Understanding Roles of Childhood Trauma in Overall Health”*

Guest: Jeremy Weleff, DO

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[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview series* from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Jeremy Weleff, an addiction psychiatry fellow at Yale University School of Medicine in New Haven, Connecticut, and a research fellow at the Cleveland Clinic in Cleveland, Ohio. He's here to discuss his article, coauthored with Dr Dawn Potter, “*Key Updates to Understanding Roles of Childhood Trauma in Overall Health*,” in the February 2023 issue of the Journal, *Child Abuse and Neglect*. Dr Weleff, thank you so much for being on the podcast. [music fades]

DR JEREMY WELEFF: Hi, Tim. Thanks so much for having me.

HOFF: To begin, what's the main ethics point that you and Dr Potter are making in this article?

WELEFF: Oh, that's great. I think we have just a couple that are key to this. I think the most important of those—this comes from the AMA medical code of ethics—is that we have a duty to apply the best of our knowledge to patient care. And currently, there's a large gap in the implementation of our current understandings of adverse childhood events and trauma in health care setting, in all health care settings. And this is all the way from screening for these events to the treatment of the trauma, stress-related disorders, and other disorders that are classified in various diagnostic books that you may use. That's the main ethics point.

The second point is diving into the justice perspective. At the population level we have to be thinking hard about the structures that precipitate and perpetuate childhood adverse events and other trauma-related events and the complicated relationship this has with other social determinants of health, really to minimize how often these terrible events are happening to young people and other folks. And that's the other sort of issue we'd like to poke a little bit with this topic.

HOFF: And what do you see as the most important thing for health professions students and trainees to take from your article?

WELEFF: I think the most important thing is just how common these events are and how serious their impact on health is. That is by far, if there's one thing you take from this article is that there is a high level of evidence repeated in international studies in study after study, and we have this big statement in 2017 from the American Heart Association talking about the link between adverse childhood events and trauma on cardiac disease that this is very much real and that there is more to do about that. That's the big kicker. That's the, if there's one message that folks need, that's it. That's what you'll find in the article.

Other important points are that the diagnostic construct of what we think of as post-traumatic stress disorder, or PTSD, is problematic, and many folks think that it's incomplete. And it's important to do your own work and read about maybe some of the other diagnostic books and ways of thinking about how trauma, adverse childhood events comes out in health care settings and how it might influence our encounters and influence treatments.

HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

WELEFF: I would've loved to include a bit more of the nitty gritty details on the practical issues that health care professionals face when wrestling with trauma, screening for trauma, and in treating those that have experienced trauma. There's a large movement in certain settings, in certain health care institutions nationally, to really implement trauma-informed care and thoughtfully deliver this work across screening and treatment settings. I'd like to maybe provide some more guidance on those, point people in those directions. The other connected part to that is I'd like to provide maybe a bit more advice and guidance to those who wrestle doing that sort of work. I'd point to things like Hanna Pickard's *Responsibility without Blame* and maybe some other resources for people to think compassionately and really help understand the complex reactions that might come up in the medical setting for people that have experienced trauma. I'm coming from psychiatry, so this is bread and butter. But I think there are a lot of other folks, I see amongst my colleagues, but I think other folks maybe not steeped in thinking psychologically or thinking from a psychiatric perspective that are maybe overwhelmed with a lot of the trauma work. [theme music slowly returns] And so, giving them the guidance to be able to do this work well and take care of themselves in the process would be important to this.

HOFF: Dr Weleff, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

WELEFF: Thank you so much for having me.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.