SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Improving Health through Trauma-Informed Care

Tuesday, July 28, 2015 2:00 PM EDT

Substance Abuse and Mental Health Services Administration
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Karen Johnson, MSW, LCSW
(Webinar Moderator)
CIHS Consultant &
Director, Trauma-Informed Services,
National Council for Behavioral Health

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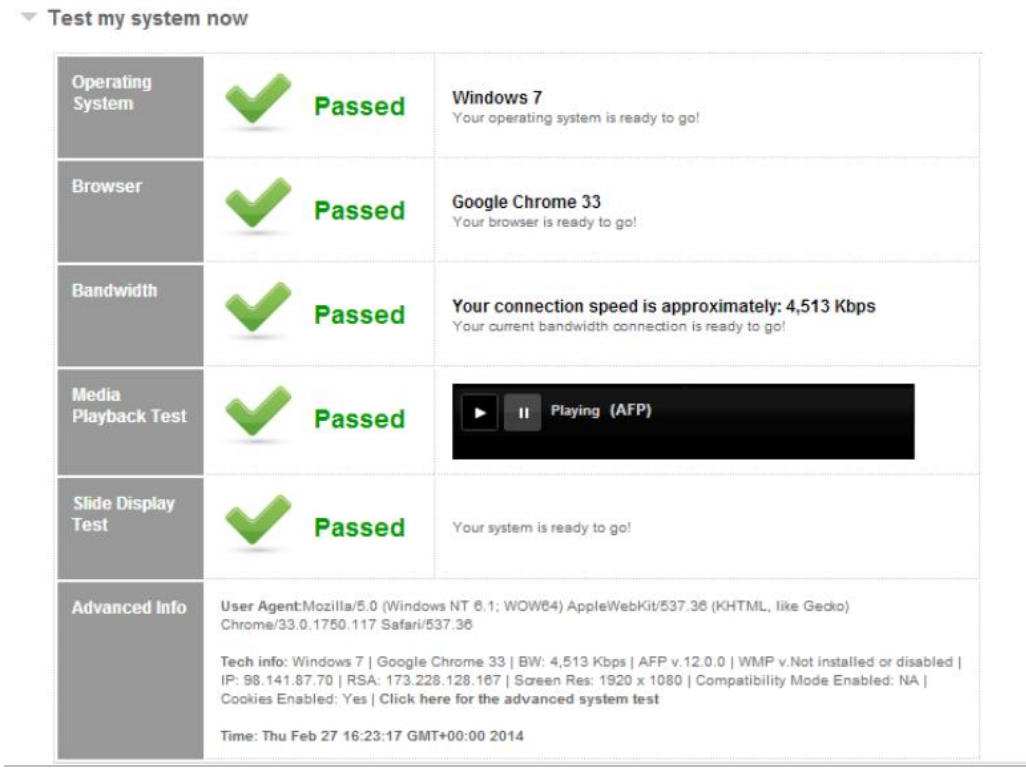

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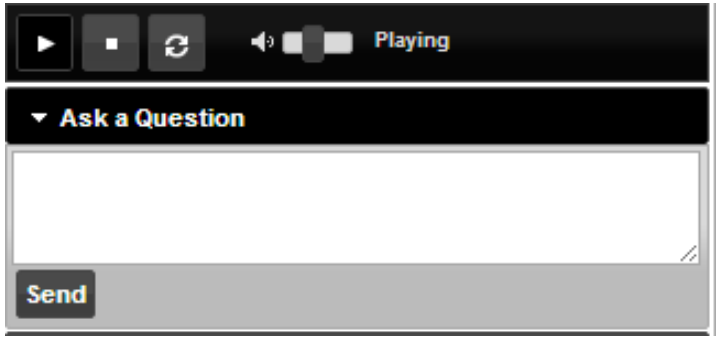

Today's Webinar

Today's webinar will walk through what a trauma-informed clinic looks like and simple steps you can take to ensure your services and clinic environment are trauma-informed.

After this webinar, you will be able to:

- Identify characteristics of a trauma-informed primary care clinic
- Recognize specific steps to educate staff and patients on trauma's effects
  and to modify daily clinic routines to become trauma-informed
- Obtain practical resources for implementing trauma-informed care in a primary care clinic

Today's Presenters

- Alexander F. Ross, Sc.D., Senior Advisor for Behavioral Health Division of Nursing and Public Health, Bureau of Health Workforce Health Resources and Services Administration, U.S. Department of Health and Human Services
- Leah Harris, Trauma Informed Care Specialist and Coordinator of Consumer Affairs for the National Association of State Mental Health Program Directors (NASMHPD)
- Mary Blake, CRE, ITE, Public Health Advisor at SAMHSA
- Eddy Machtinger, MD, Professor of Medicine and Director of the Women's HIV Program at the UCSF

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HRSA Welcome

Alexander F. Ross, Sc.D.
Senior Advisor for Behavioral Health
Division of Nursing and Public Health
Bureau of Health Workforce
Health Resources and Services Administration
U.S. Department of Health and Human Services

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What Does a Trauma Informed Primary Care Clinic Look Like?

Leah Harris

Trauma Informed Care Specialist/Coordinator of Consumer Affairs, NASMHPD

Impact of Trauma

Increases the risk of neurological, biological, psychological and/or social difficulties such as:

- Changes in brain neurobiology;
- Social, emotional & cognitive impairment;
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence); and
- Severe and persistent behavioral health, physical health and social problems, early death.

(Felitti et al, 1998)

How Violence & Trauma Affect Your Patients

- ***Current*** violence can result in direct injuries such as bruises, knife wounds, broken bones, dental problems (e.g., loss of teeth), traumatic brain injury, back or pelvic pain, or headaches.

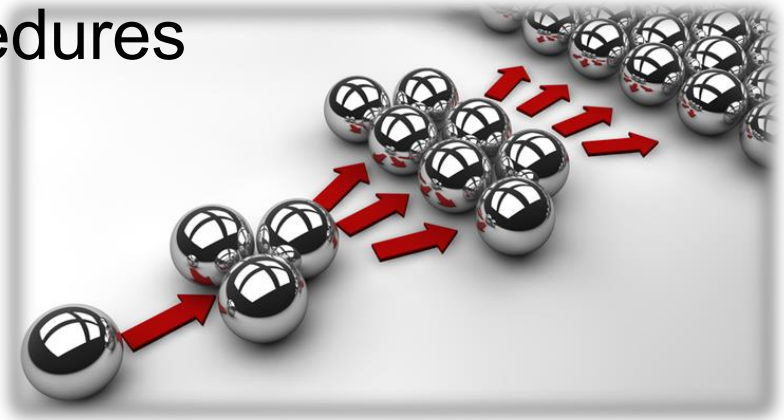
- ***Ongoing*** violence can lead to cardiovascular, gastrointestinal, endocrine and immune system problems, exhaustion, sleep disorders, and psychological symptoms such as depression or substance abuse.

- ***Childhood adversity and early life trauma*** can impact brain structures and energy metabolism, leading to a "cascade of risk factors" and ultimately to a wide range of chronic health and mental health conditions.

How Violence & Trauma Affect Your Patients

Any experience of violence and trauma can affect patients' engagement in health care.

- Repeatedly missed or cancelled appointments
- Avoiding preventive care
- Poor adherence to medical recommendations
- Chronic unexplained pain
- Anxiety about certain medical procedures



Why is a Trauma Informed Approach Important for Primary Care Settings?

- Traumatic experiences have a direct impact on your patients' health and on how they engage in health care.
- If a patient discloses current or past trauma, you need to know how to respond.
- Knowing about the impact of trauma can improve patient outcomes.
- Understanding trauma can help you better manage risk.

Ways Medical Care Can Re-Traumatize

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing/distressing
- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy

Two Experiences in a Primary Care Clinic:

A Patient's Perspective

Experience 1

- History of adverse childhood experiences (ACE Score = 7) and adult trauma (no screening was done)
- Risk factors for breast cancer (maternal history and Ashkenazi heritage)
- Had not yet had the BRCA genetic testing to determine additional risk
- Was informed by primary care doctor that I should have a prophylactic double mastectomy, then he said our time was up and that I should re-schedule for further questions.

Experience 2

- Presented at age 28 with history of severe, chronic low back pain, eating disorders, and obesity; candidate for back surgery
- She took lots of time to get to know me (2 hour intake and subsequent 50 minute sessions)
- Took a mind-body-spirit approach to my chronic pain and eating disorders, referring to gentle yoga, meditation, nutritionist, counseling, and acupuncture
- Experienced a 40 lb weight loss and remission of symptoms without pain meds or surgery

- Create a soothing physical environment in the healthcare setting
- Train all staff (not just direct providers) in the principles of trauma informed approaches
- Take time to get to know the patient and create a sense of safety and respectful relationship
- Adopt collaborative/person centered approaches
- Offer choices and options to maximize patient sense of control

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Creating the Foundation: Defining Trauma-Informed Principles and Domains

Mary M. Blake, C.R.E.
Public Health Advisor, SAMHSA/CMHS
Co-Chair, Women & Trauma Federal Partners Committee

"Improving Health through Trauma-Informed Care"
HRSA-SAMHSA Center for Integrated Health Solutions
Webinar: July 28, 2015

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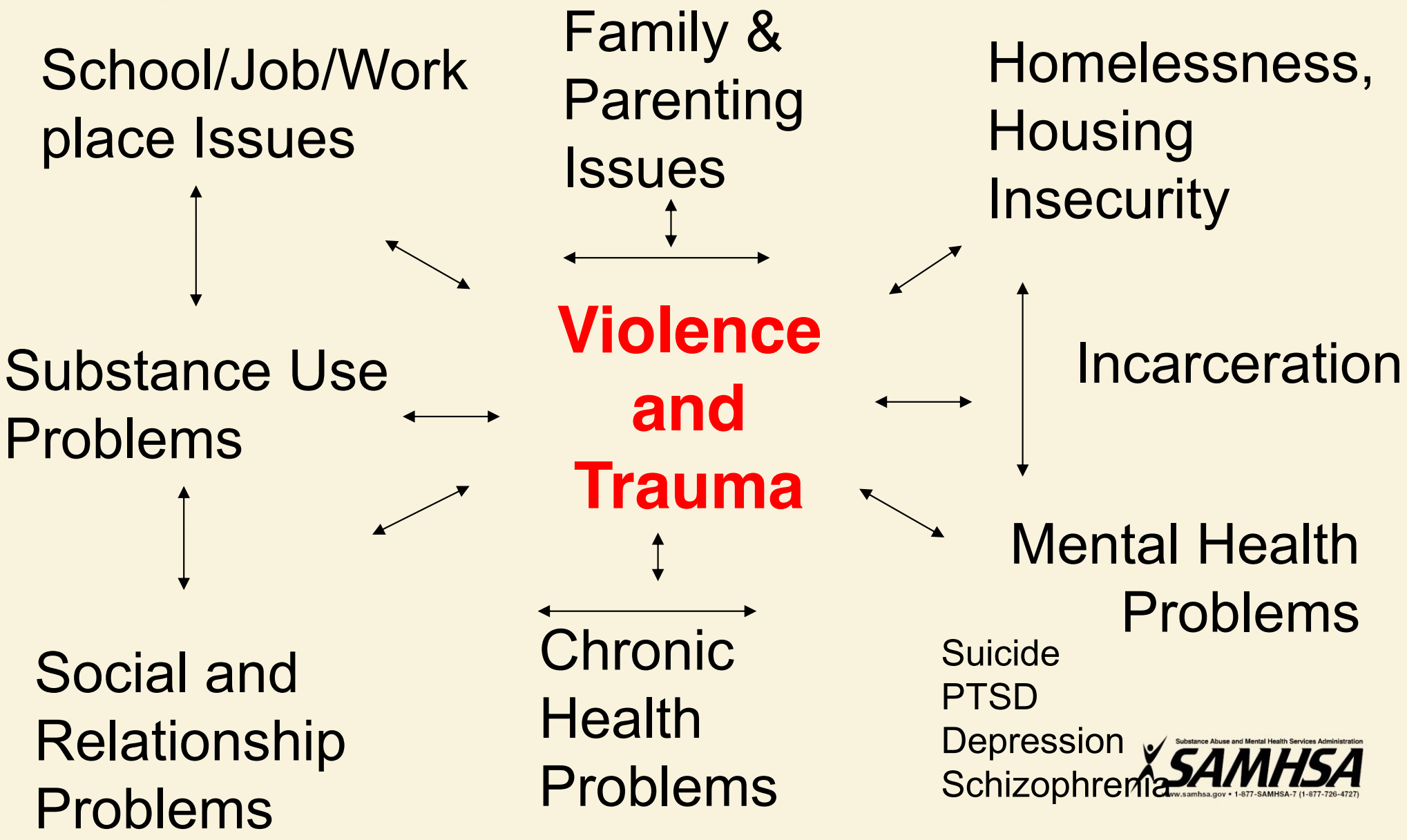
The Central Role of Trauma

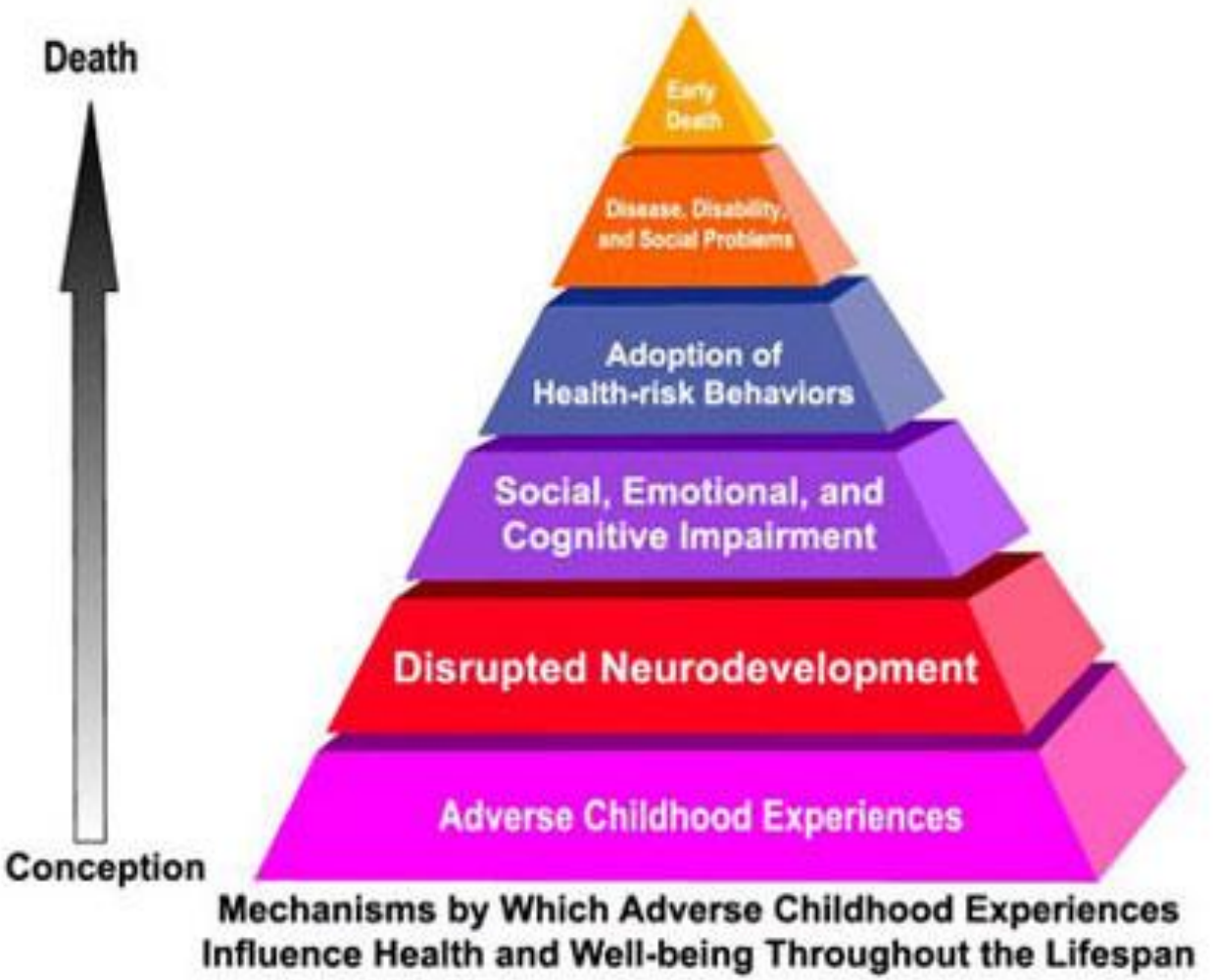


Impact of Trauma Over the Life Span

Effects of childhood adverse experiences:

- neurological
- biological
- psychological
- social

(Felitti et al., 1998)



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

SAMHSA'S Comprehensive Public Health Approach to Trauma

Integrate & "Hard-wire" an understanding of trauma and strategies for implementing a trauma-informed approach across SAMHSA, interested federal agencies, and other public service sectors.

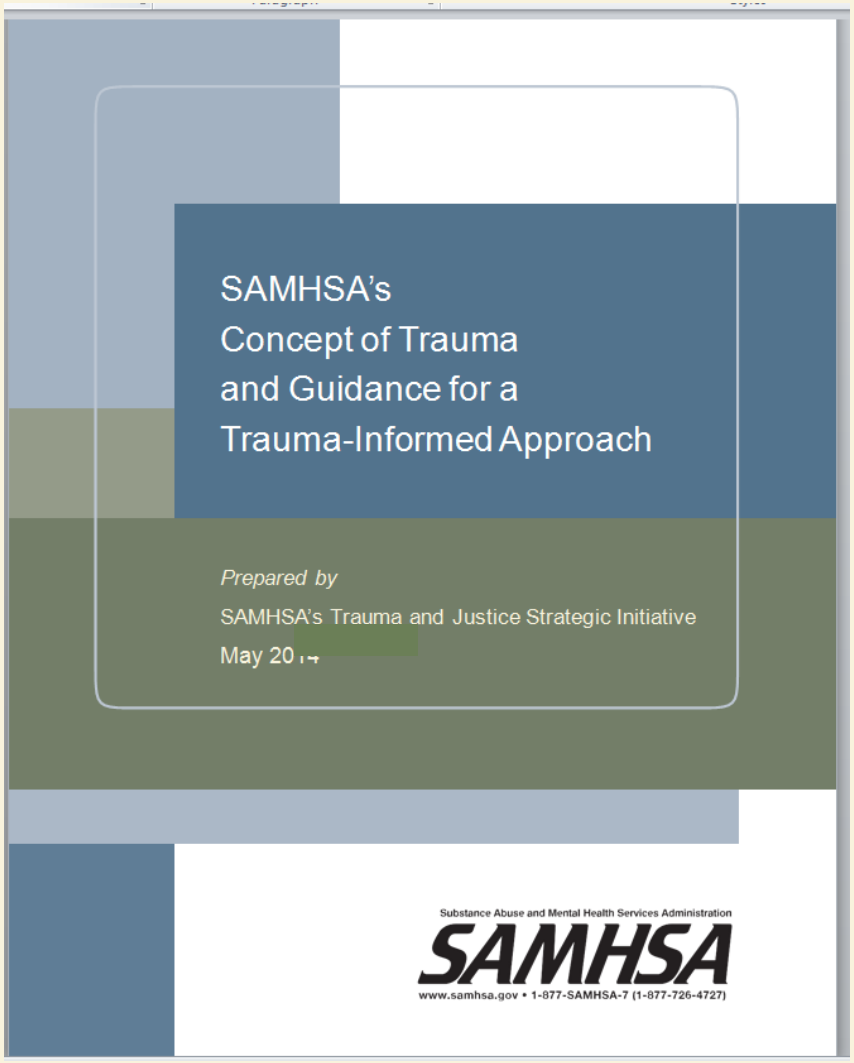
Key Objectives

- Reduce the impact of trauma on individuals, families and communities
- Develop/implement trauma-informed approach across systems and workplaces; for users and providers of services
- Make trauma-informed screening , early intervention and treatment common practice
- Promote recovery, well-being, and resilience

Activities

- Trauma Concept Paper
- Measurement Strategy
- Funding & RFA Language
- Training and Technical Assistance
- Partnerships

SAMHSA CONCEPT OF TRAUMA RELEASED OCTOBER 2014



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SAMHSA's Concept of Trauma
"The 3 Es"

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

From SAMHSA's Concept Paper

A Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system:

Realizes	• Realizes widespread impact of trauma and understands potential paths for recovery
Recognizes	• Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	• Responds by fully integrating knowledge about trauma into policies, procedures, and practices
Resists	• Seeks to actively resist re-traumatization.

From SAMHSA's Concept Paper

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Key Principles of a Trauma-Informed Approach

Safety

Cultural, Historical, and Gender Issues

Trustworthiness and Transparency

Empowerment, Voice, and Choice

Peer Support

Collaboration and Mutuality

Guidance Domains for a Trauma-Informed Approach

- ❑ **Governance and leadership**
- ❑ **Policy**
- ❑ **Physical environment of the organization**
- ❑ **Engagement and involvement**
- ❑ **Cross sector collaboration**
- ❑ **Screening, assessment, and interventions**
- ❑ **Training and workforce development**
- ❑ **Progress Monitoring and Quality assurance**
- ❑ **Financing**
- ❑ **Evaluation**

Policy

Policy	• How do the agency's written policies and procedures include a focus on trauma and issues of safety and confidentiality? • How do the agency's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery? • How do the agency's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training? • How do human resources policies attend to the impact of working with people who have experienced trauma? • What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services, and evaluation?

Engagement and Involvement

Engagement and Involvement	• How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services? • How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information? • How is transparency and trust among staff and clients promoted? • What strategies are used to reduce the sense of power differentials among staff and clients? • How do staff members help people to identify strategies that contribute to feeling comforted and empowered?

Training and Workforce Development

Training and Workforce Development	• How does the agency address the emotional stress that can arise when working with individuals who have had traumatic experiences? • How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions? • How does the organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions? • How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety? • How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors. • What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work? • What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?

Progress Monitoring and Quality Assurance

Progress Monitoring and Quality Assurance	• Is there a system in place that monitors the agency's progress in being trauma-informed? • Does the agency solicit feedback from both staff and individuals receiving services? • What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency? • How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes? • What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?

SAMHSA's General Adult Trauma Screening and Brief Response Initiative in Primary Care Settings

Build a framework for screening and brief response for trauma across the lifespan in primary care and other health/public health settings

Key Questions

- Why screen in primary care and what to do with the information?
- What models, tools , and resources currently exist?
- What needs to be in place before moving forward?
- What workforce development and training in needed?
- How to solicit buy-in from primary care settings?

Activities

- Face-to-Face Experts Meeting
- Virtual Discussion Network meetings
- Toolkit Development
- On-going engagement with federal and other stakeholders

Partners

- Federal, National Associations, Foundations
- Health care Providers, Researchers, Payers, Content Experts,, Advocates

Review of Key Accomplishments/Learnings to Date

- Determined that addressing trauma-informed setting is necessary first step to trauma inquiry and brief response in primary care and other health care settings
- Identified trauma screening frameworks both for providers and for patients.
- Developed description/definition of brief response to trauma in primary care/public health settings
- Created a matrix with five categories of brief response and key questions
- Identified elements for product development
- Completed a first draft of the first product and sent to our experts stakeholders for review/comment

GATSBR TOOLKIT: Initial Elements

Info-graphic and Introduction:

Why Should You Care About Trauma?

Fact Sheet:

How Does Understanding Trauma Change Your Medical Practice?

Implementation Brief:

Getting into Action

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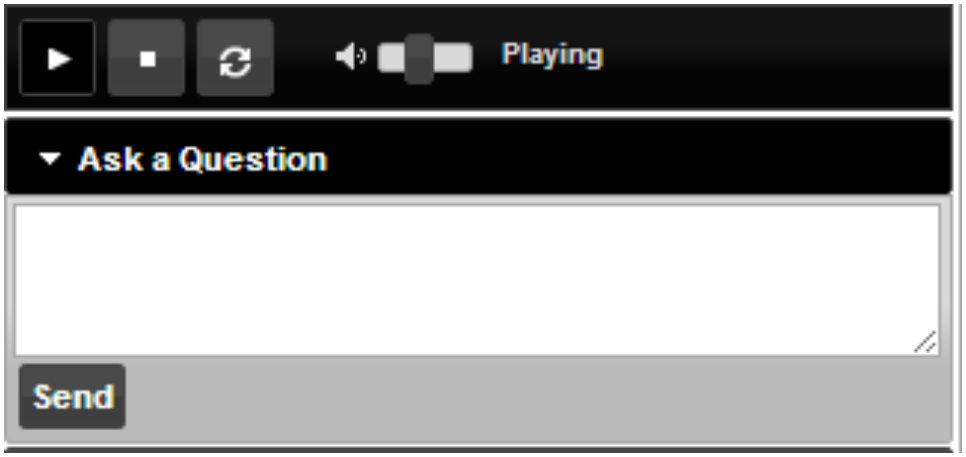

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Building a Trauma-Informed Clinic: Where to Begin

Edward Machtinger, MD
Professor of Medicine
Director, Women's HIV Program
University of California, San Francisco

The Women's HIV Program at UCSF

- Ryan White primary care clinic for low-income women and girls
- Mostly women of color
- Services:

Primary care	Gynecology	Obstetrics
Pharmacy Program	Social Work Services	Case Management
Therapy/Psychiatry	Link to drug treatment	Breakfast

Photo by Lynnly Labovitz;
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Why Focus on Trauma?

+ At WHP, of the HIV-positive women that die, only 16% die from HIV.[1]

+ Nationally, only 25% do.[2,3]

+ Most women with HIV are dying from violence, suicide, addiction, and diseases associated with lifelong trauma.

= HIV (like many other diseases) is a symptom of a far larger problem: widespread unaddressed trauma

1. Cocohoba, J, Chiarelli, B, Machtinger, EL. 10th International Conference on HIV Treatment and Prevention Adherence (Adherence 2015). June, 2015, Miami, Fl.
2. French AL, et al. J Acquir Immune Defic Syndr. 2009 Aug 1;51(4):399-406.
3. Kathleen Weber, Personal Communication, 2015 (National estimates for 2014)

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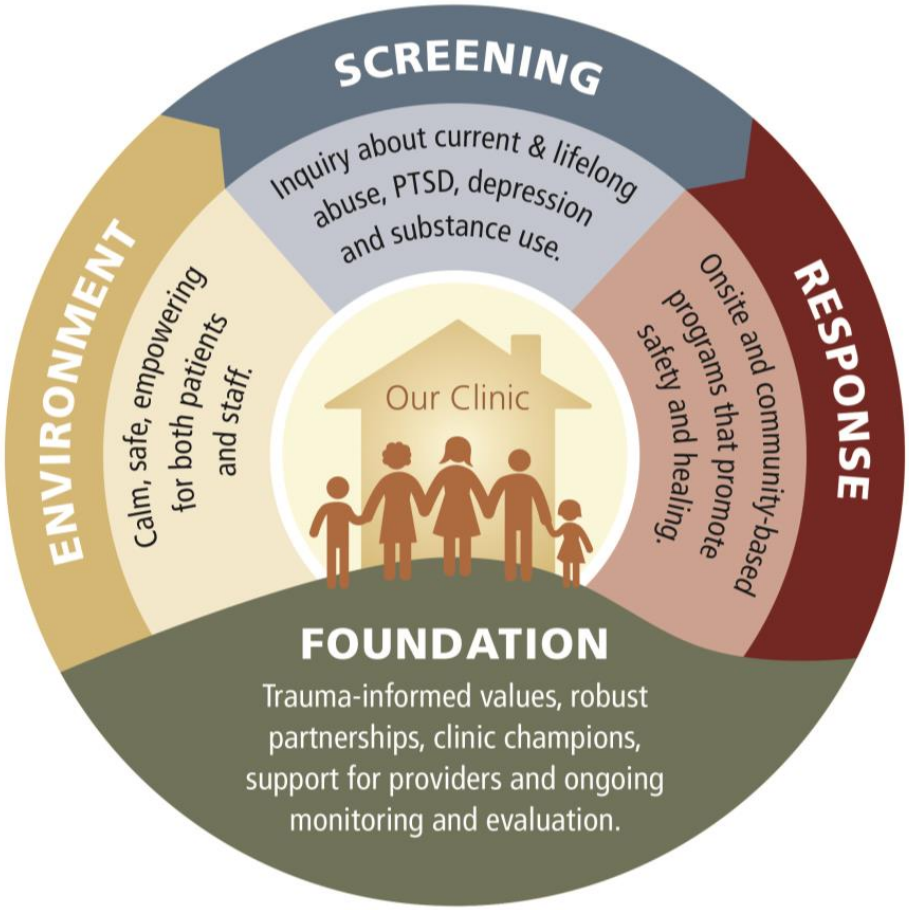
Recent Deaths at WHP

Photo by Lynnly Labovitz;
used with artist and patient permission

1.	Rose	murder
2.	Amy	murder
3.	Patricia	suicide
4.	Regina	suicide
5.	Vela	suicide
6.	Iris	addiction/overdose
7.	Mary	addiction/organ failure
8.	Nadine	addiction/lung failure
9.	Lilly	Pancreatic cancer
10.	Pebbles	non-adherence

Trauma-Informed Primary Care



Machtinger, E. L., Cuca, Y. P., Khanna, N., Dawson Rose, C., & Kimberg, L. S. (2015). From Treatment to Healing: The Promise of Trauma-Informed Primary Care. Women's Health Issues, 25(3).

Model is aspirational

- Start with a training for the entire staff
- Clinic champions can then be identified
- Protocols can be made for screening, responses, and referrals

Excellent resources emerging to guide each step

Where to Begin :

My Guiding Principle

★ Reduce isolation and build supportive relationships – for both patients and providers

From there, clinic-wide transformation can begin

Photo by Keith Sirchio;
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Where to Begin:

★ Reducing isolation <u>within clinic</u> (➔supports providers)

- Interdisciplinary team conferences before clinic
- See patients together with a colleague
- Quarterly “risk of death” and “lost to follow” meetings
- Trainings for entire staff about impact of trauma on patients and staff

Where to Begin:

★ Reducing isolation by developing new partnerships(➔supports providers and patients)

1. Peer support/political advocacy
2. Sisterhood and Storytelling
3. Trauma specialists from other institutions
4. Researchers

Where to Begin:

Developing new partnerships

1. **Peer support/political advocacy**: Positive Women's Network – USA
   - + Guidance from people with lived experience.
   - + Introduction and mentorship about the power of political action.
   - + Access for patients to sisterhood and leadership training.

= Better care model; more influence and relationships; peer support for patients

Naina Khanna, Executive Director, Positive Women's Network - USA

Where to Begin:

Developing new partnerships

2. **Sisterhood and Storytelling**:
   The Medea Project
   + Provides healing for patients that is not possible in clinic.
   + Incredibly fulfilling relationships with Rhodessa Jones and with my patients who participated.

= Leaned that it's possible to heal from lifelong trauma but requires hard work and a deliberate method

Rhodessa Jones, Founder and Director, The Medea Project: Theater for Incarcerated Women

Where to Begin:

Developing new partnerships

3. **Trauma experts**
   Leigh Kimberg, MD.
   + Support and guidance for trauma informed care effort.
   + Advice about patients anytime.
   + Framework to engage patients: "The 4 Cs".

= Inspired me to engage more deeply with patients who have experienced lifetime trauma as we create a full model

Leigh Kimberg, MD. Professor. San Francisco General Hospital and San Francisco Department of Public Health

"The Four Cs"[1]: caring for patients who have experienced lifetime trauma

Calm. Pay attention to how you are feeling. Breathe and calm yourself to help model and promote calmness for the patient.

Contain. Ask the level of detail of trauma history that will allow the patient to maintain emotional and physical safety; respects the time-frame for your interaction; and allows you to offer the patient further treatments.

Care. Emphasize good self-care and compassion.

Cope. Emphasize skills to build upon strength, resiliency, and hope.

[1] Kimberg, L., *Trauma and Trauma-Informed Care*, in *The Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations. Talmadge King and Margaret Wheeler, Editors.* In press. Expected publication 2016, McGraw-Hill Companies

Where to Begin:

Developing new partnerships

4. **Researchers**

   Carol Dawson Rose, RN, PhD

   + Provides mentorship, knowledge and skills
   + Trauma-informed values and desire to see work gain credibility

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= Co-led studies that guide our care model; allows us to evaluate and learn from what we are doing; leads to credibility, relationships, and funding.

Carol Dawson Rose, RN, PhD.
Professor. UCSF School of Nursing

Building a Trauma-Informed Clinic: Where to Begin

In conclusion:

- ★ Reducing isolation and building supportive relationships is crucial for patients to heal from the impact of trauma and for providers to sustain the love, compassion, and presence to move from treatment to healing.
- ★ If you can, find people to collaborate with who you like, who support you, and who share trauma-informed values.
- ★ Learn to effectively engage traumatized patients.
- ★ From there, clinic-wide transformation can begin.

Thank you for participating!

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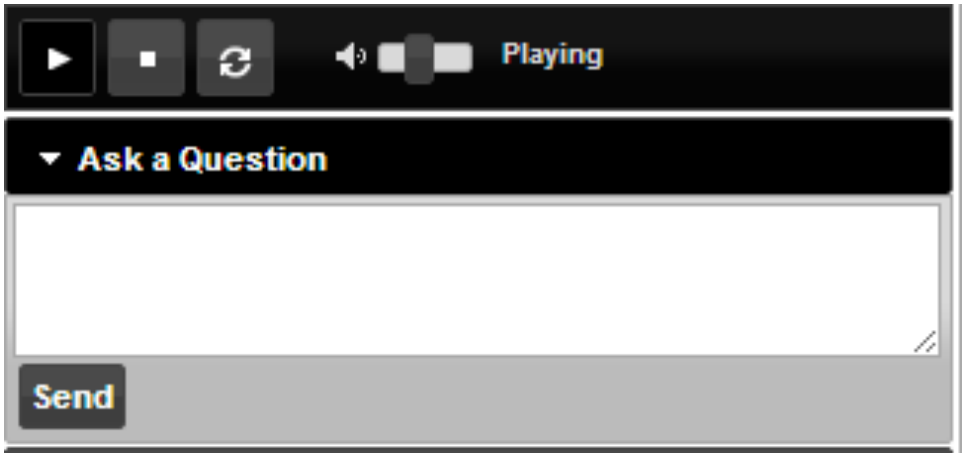

Resources

- **SAMHSA's TIP on Trauma-Informed Care in Behavioral Health Services**
  Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. It includes patient assessments, treatment planning strategies that support recovery, and information on building a trauma-informed care workforce.
  http://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf

- **CIHS's Trauma Informed Care Resources**
  Features trauma screening tools that can be used to screen for the presence of adverse or traumatic life experiences.
  http://www.integration.samhsa.gov/clinical-practice/trauma

- **The American Academy of Pediatrics Trauma Toolbox for Primary Care**
  A 6-part series designed to assist primary care practices increase understanding of adverse childhood experiences (ACEs) and their impact on health. It provides suggestions for talking with families, identifying ways to prepare the medical home to address ACEs and other traumatic events, and more. The content focuses strongly on trauma during childhood and its impact on health.
  https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx#trauma

For More Information & Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

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Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
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