Trauma-Informed Approaches: Practical Strategies for Integrated Care Settings

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Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).
Linda Ligenza, LCSW

• Licensed clinical social worker and Clinical Services Director for the National Council for Behavioral Health. Provides guidance and technical assistance to SAMHSA and HRSA grantees on integrating primary care and behavioral health on behalf of the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS).

• Expertise in trauma and trauma-informed care provided to CIHS and national audience to improve practices, policies, procedures, and outcomes.

• Clinical, administrative, and public policy work throughout 30 year career. Leadership positions with the New York State Office of Mental Health and subsequently with HHS Substance Abuse Mental Health Services Administration (SAMHSA) in the Traumatic Stress Services Branch, Center for Mental Health Services.
Jennifer McCarthy, LCPC

- Holds a Master of Education in Elementary Education from Boston University and a Master of Science in Counseling Psychology from Salem State College.

- Has been a Licensed Clinical Professional Counselor since 2000. Worked in human services, academia, and had a private psychotherapy practice before starting a career in healthcare.

- Practices Motivational Interviewing in conjunction with Cognitive Behavior Therapy. Part of the Maine Chronic Pain Collaborative, Project ECHO Buprenorphine, and the Trauma-Informed Care Innovation Community.

- Currently enrolled in the Doctor of Education in Health Professions Education program at A.T. Still University.
Agenda

• Overview of Trauma and its Impact
• Defining a Trauma-Informed Approach
• Practical Strategies
• Q & A
• Resources
Overview of Trauma and its Impact
Why is Understanding Trauma Important?

- Many current problems may be related to traumatic life experiences
- People who have experienced traumatic life events are often very sensitive to reminders of the original event
- These reminders or triggers may cause a person to relive the trauma and view our setting/organization as a source of distress rather than a place of healing and wellness
What is Trauma?
SAMHSA’s Concept of Trauma: “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*
Types of Trauma

- Child maltreatment and complex trauma
- Serious accident or illness
- Victim/witness to domestic, community, and school violence
- Natural disaster, war, terrorism, political violence
- Traumatic grief/separation, significant loss
- Historical and generational trauma
Historical Trauma

“Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”

Yellow Horse Brave Heart, 2003

Rethinking Historical Trauma: Narratives of Resilience
Aaron R. Denham, 2008
The ACEs Study
Adverse Childhood Experiences

1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Physical neglect
5. Emotional neglect
6. Household mental illness
7. Household substance use
8. Witnessing domestic violence against the mother
9. Loss of a parent to death or abandonment, including abandonment by divorce
10. Incarceration of any family member
What Does Trauma Do?
Shapes our:

Worldview

Beliefs

Identity

Spirituality
Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy
- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Multiple divorces
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury
Paul Espinas, MD, Pediatrician
Kaiser Permanente Hayward Medical Center

“ACEs are the new cholesterol,” he said. “If you don’t screen for it, and you don’t look for it, you’ll never find it, but it has more health impacts than you can imagine.”

ACEs Too High Article, Nov. 2017
What Do We Need To Do?

Paradigm Shift

We begin to ask, 
“What happened to you?” 
rather than 
“What is wrong with you?”

And, 
“What’s strong?” 
rather than 
“What’s wrong?”
Therefore, we need to exercise…
Defining a Trauma-Informed Approach
Sacopee Valley Health Center

- Location – Porter, Maine
- Opened in 1976
- Federally Qualified Health Center (FQHC)
- Patients – 5,045
- Total staff – 65
- Serves 12 rural towns in 4 counties & 2 states (Maine & New Hampshire)
- Service area population of + 23,500
Sacopee Valley Health Center Services

- Integrated Family Medical Care
- Dental
- Pediatrics
- Pediatric/Adult Psychiatry
- Mental Health/Substance Use Counseling
- Nutrition Counseling
- Podiatry
- X-Ray
- Optometry
- OMT
- Medication Assisted Treatment
- Community Health Education
- Care Coordination
- Reproductive Health
- Social Services Coordination
- Fee Discount Program
- Patient Assistance Program (for chronic meds)
- Maine Care (Medicaid) Enrollment Assistance
- Referrals to Specialty Care
- Lab Services
- Affordable Health Care
Sacopee Valley Health Center – Integrated Primary Care since 2005

• Based on the Kirk Strosahl model of integration
• Level 3 – PCMH recognition
• Behavioral Health Consultant and Care Coordinator are members of medical team and reside in the provider pod along with all the other medical team members
• PCP is the quarterback; BHC is a consultant to help PCP make more informed decisions
Adoption of the Trauma-Informed Care Approach - 2016

- Part of the SAMHSA/HRSA Trauma-Informed Care Innovation Community (TIC-IC)
- Created a work team with patient member
- Performed an organizational self-assessment to determine how to infuse TIC principles and practices throughout entire organization
- Adopted the 4Rs of Trauma-Informed Care
What Drives Our Work?
Principles of a Trauma-Informed Approach

Safety

Cultural, Historical, and Gender Issues

Empowerment, Voice, and Choice

Collaboration and Mutuality

Trustworthiness and Transparency

Peer Support
What is a Trauma-Informed Approach?

A trauma-informed program, organization, or system (4 Rs)

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
Realizes widespread effect of trauma and understands potential paths for recovery

• We must see patients through a “Trauma-Informed Lens.”

• Patients have triggers and sensitivities that can prevent or hinder ‘engagement.’
Recognizes
Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

- Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically, or behaviorally?

- Do you think any of these problems bother you now?

<table>
<thead>
<tr>
<th>Event</th>
<th>Happened to me</th>
<th>Witnessed it</th>
<th>Learned about it</th>
<th>Part of my job</th>
<th>Not Sure</th>
<th>Doesn't Apply</th>
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<tbody>
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<td>1. Natural disaster (for example, flood, hurricane, tornado, earthquake)</td>
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<td>2. Fire or explosion</td>
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<td>3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)</td>
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<td>4. Serious accident at work, home, or during recreational activity</td>
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<td>5. Exposure to toxic substance (for example, dangerous chemicals, radiation)</td>
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<td>6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)</td>
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<td>7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)</td>
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<td>8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)</td>
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<td>9. Other unwanted or uncomfortable sexual experience</td>
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<td>10. Combat or exposure to a war-zone (in the military or as a civilian)</td>
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<td>11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)</td>
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<td>12. Life-threatening illness or injury</td>
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<td>13. Severe human suffering</td>
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<td>14. Sudden violent death (for example, homicide, suicide)</td>
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<td>15. Sudden accidental death</td>
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<td>16. Serious injury, harm, or death you caused to someone else</td>
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<td>17. Any other very stressful event or experience</td>
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LEG-5 (10/27/2013) Weathers, Blake, Schnurr, Kaloupek, Marx, & Keane – National Center for PTSD
Responds

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

- Added a Trauma-Informed statement to our Belief Statement
- Statement of safe space in all exam rooms and lobby
- Behavioral Health Consultant discusses TIC principles with new employees
- On-going all-staff trainings
- Transparency with employee benefits – Employee Assistance Program (EAP)
- Paid Time Off (PTO) requests and ice-cream socials and pizza parties to alleviate compassion fatigue
Resists

Seeks to actively resist re-traumatization

- Use Motivational Interviewing to partner with patient
- Reinforce that they do not need to share details of traumatic events
- Educate

“We know that there is a direct relationship between these experiences and a person’s health; have you ever had a chance to explore these connections?”
Practical Strategies
It’s All About the Relationship!
Sensitive Practices in Health Care Settings

Be respectful
Take time
Build rapport
Share information
Share control
Respect boundaries
Foster mutual learning
Understand non-linear healing
Demonstrate awareness and knowledge of trauma

*Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*
Summary

• Talk with leadership to ensure organizational support for your TIC efforts
• Spread knowledge about ACEs and trauma-informed principles and practices
• Use a ‘trauma-informed lens’ to look at your environment, attitudes and relationships with patients and staff, policies and procedures, and all you do
• Include patients on Patient Family Advisory Council or as a team member
• Remember that “hurt people, hurt people.”
Next Steps

Use the Chat Box:

Following this webinar, what is one thing you can commit to doing differently?
Resources
For More Information & Resources

Trauma Webpage:
http://www.integration.samhsa.gov/clinical-practice/trauma
Contact Information

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