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**It's Just Good Medicine: Trauma-
Informed Primary Care**

Tuesday, August 6, 2013

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WELCOME!

Today's Presenters:

- **Larke N. Huang, PhD**, Senior Advisor, Substance Abuse and Mental Health Services Administration (SAMHSA)
- **Cheryl S. Sharp, MSW, ALWF**, Senior Advisor for Trauma-Informed Services, National Council for Behavioral Health
- **Tara Gunther, PsyD**, Section Chief – Psychology, Truman Medical Centers

Moderator:

- **Rose Felipe**, SAMHSA-HRSA Center for Integrated Health Solutions

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Objectives:

- Understand the prevalence of adverse life experiences and their effect on a person's physical and behavioral health.
- Recognize how a history of adverse life experiences affects an individual's engagement and use of primary care services and learn about strategies to promote an individual's comfort and engagement in primary care.
- Understand how to integrate a trauma-informed care perspective using practical skills that align with the practice of good medicine.
- Access and use trauma-informed tools designed for primary care settings.

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SAMHSA's Concept of Trauma and Framework for a Trauma-Informed Approach

Larke Nahme Huang, Ph.D.
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SAMHSA's Concept of Trauma (draft)

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

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SAMHSA's Concept of a Trauma-Informed Approach (draft)

A program, organization or system that is trauma-informed

- (1) **realizes** the prevalence of trauma and taking a universal precautions position;
- (2) **recognizes** how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
- (3) **responds** by putting this knowledge into practice; and
- (4) **resists** retraumatization.

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Principles of a Trauma-Informed Approach (draft)

Safety: Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

Trustworthiness and transparency: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

Peer support (peers refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery) and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing a sense of empowerment

Collaboration and mutuality: Partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators; demonstrates that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach; "one does not have to be a therapist to be therapeutic."

Empowerment, Voice and Choice: throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed. The organization fosters a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; building on strengths and not just addressing perceived deficits.

Cultural, historical, and gender issues: the organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

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Guidance for a Trauma-Informed Approach (draft)

1. Governance and leadership
2. Policy
3. Physical environment of the organization
4. Engagement and involvement of people in recovery, trauma survivors, consumers, and family members of children receiving services
5. Cross sector collaboration
6. Screening, assessment, and interventions
7. Training and workforce development
8. Progress monitoring and quality assurance
9. Financing
10. Evaluation

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TIA Implementation Matrix

SAMHSA plans to adapt these suggested guidelines into a matrix worksheet that organizations and systems can use to plan and assess the implementation of a trauma-informed approach. Examples of matrices from various sectors will also be made available.

SAMHSA's Trauma-Informed Approach Challenge for Implementation Matrix (Draft 7-22-13)

Category/Issue/Need/Challenge	Safety	Engagement and Involvement	Peer Support	Collaboration and Networks	Integration, Policy, and Culture	Physical, Behavioral, and Gender Issues...
Policy						
Physical Environment						
Engagement and Involvement						
Cross Sector Collaboration						
Screening, Assessment, and Interventions						
Training and Workforce Development						
Progress Monitoring and Quality Assurance						
Financing						
Evaluation						

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What is Trauma?

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What is Trauma?

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- These experiences may occur at any time in a person's life. They may involve a single traumatic event or may be repeated over many years.
- These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.

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Examples of Traumatic Life Experiences

- Physical, emotional and/or sexual abuse in childhood or adulthood
- In Childhood
 - neglect or abandonment (food insufficiency, lack of money to met basic needs, homelessness)
 - death of a parent
 - divorce
 - family life that includes drug addiction, alcoholism, parental incarceration, violence
- Rape
- Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)

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Trauma experienced in adulthood may also affect a persons emotional and physical well-being

Examples:

- Combat related trauma
- Refugee/torture/civil unrest
- Witnessing or experiencing violence
- Catastrophic loss (natural disasters)
- Terrorism

Bottom line findings: These experiences raise the individuals risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties

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How Does Trauma Affect People?

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How Does Trauma Affect People?

- What have we learned about the affect of trauma on people?
- What are some examples of what happens to people who have experienced trauma early in their lives?
- What experience have you had working with individuals with trauma histories?

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What the research tells us- The Adverse Childhood Experiences (ACE) Study?

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- Over a ten year study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma)over the lifespan
- Largest study ever done on this subject

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Impact of Trauma Over the Lifespan

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)

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Healthcare conditions often associated with a history of adverse childhood experiences:

- Diabetes
- COPD
- Heart Disease
- High Blood Pressure
- Obesity
- Cancer
- Liver Disease
- Gynecologic Disorders
- Sexually Transmitted Diseases
- Unintended Pregnancies

"The Hidden Impact of Early Life Trauma On Health and Disease. Chapter 8. in Lanius. By Felitti and Anda, 2010."

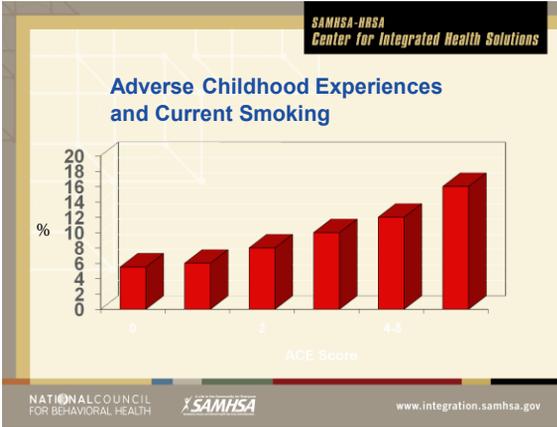
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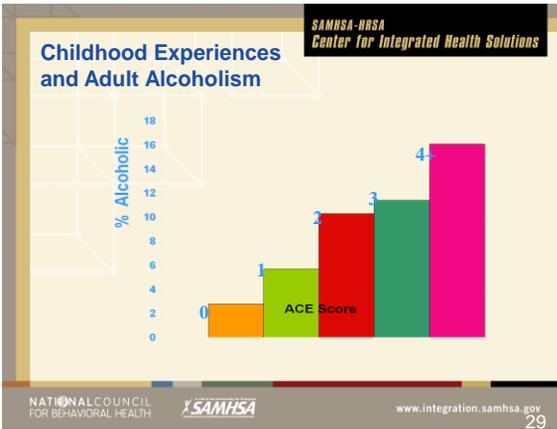
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Childhood Experiences Underlie Chronic Depression

ACE Score	Women (%)	Men (%)
0	~20	~15
2	~35	~25
>=4	~65	~45

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Why is Understanding Trauma in Primary Care Important?

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Why is Understanding Trauma Important?

- What are the implications for bi-directional work initiative?

Primary Care Behavioral Health

- What are the challenges facing healthcare providers?

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Why is Understanding Trauma Important?

- To provide effective services we need to understand the life situations that may be contributing to the persons current problems
- Many current problems faced by the people we serve may be related to traumatic life experiences
- People who have experienced traumatic life events are often very *sensitive* to situations that remind them of the people, places or things involved in their traumatic event
- These reminders, also known as 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

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Triggers in Healthcare Settings

Definition: An external event that causes internal discomfort or distress such as:

- Sights - white lab coats, medical equipment, restraints, X-ray bib, room temperature
- Sounds - dental drill, ambulance sirens, chaos in environment
- Smells - rubbing alcohol, antiseptic odors, latex gloves

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Why medical settings may be distressing for people with trauma experiences:

- 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

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Signs that a person may be feeling distressed:

- Emotional reactions – anxiety, fear, powerlessness, helplessness, worry, anger
- Physical or somatic reactions – nausea, light headedness, increase in BP, headaches, stomach aches, increase in heart rate and respiration or holding breath
- Behavioral reactions – crying, uncooperative, argumentative, unresponsive, restlessness
- Cognitive reactions – memory impairment or forgetfulness, inability to give adequate history

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Trauma may negatively influence access to and engagement in primary care:

1. Avoidance of medical and dental services
2. Non-adherence to treatment
3. Postponing medical and dental services until things get very bad
4. Misuse of medical treatment services – ex. over use of ER Services and misuse of pain meds

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Poll Question 1:
Why do you think trauma is not routinely addressed in primary care settings?

- Lack of time
- Lack of awareness
- Lack of tools
- Lack of training
- Misconceptions/discomfort

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What Can We Do to Provide Trauma Sensitive Care and Practices?

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What Can We Do To Provide Sensitive Care and Practices?

- A. Train “all” staff about trauma, sensitive practice and sharing critical information
- B. Screen and assess for trauma
- C. Communicate a sensitivity to trauma issues
- D. Create a safe and comfortable environment
- E. Provide services in a trauma informed manner – some practical tips

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A. Train Staff about Trauma, Sensitive Practices and Sharing Critical Information

- Increase awareness and importance of trauma as a factor in health outcomes
- Primary and behavioral health have communication channels to inform each other about a person's trauma and it's affect on...
 - mental health, substance use and physical wellbeing
 - the person's comfort with and use of medical and dental services

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Basic Training of Staff: Overview of Trauma-Informed Care Presentation

What do we mean by trauma?
 How does trauma affect people?
 What can we learn from listening to the voices of people who have experienced trauma?
 Why is understanding trauma important in the work we do at ___?
 What can we do to insure that we help those we serve who have experienced trauma?
 Why we all matter!
 The stresses of our own work and lives may also make trauma a personal concern
 How understanding trauma and improving our services helps all of us
 Provide us with feedback (complete survey)

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B. Screen and Assess - Health Appraisal Questionnaire - Examples of Questions with Yes/No Responses (completed in private)

- I have been physically abused as a child
- I have been verbally abused as a child
- I was sexually molested as a child or adolescent
- I have been raped
- I have been threatened or abused as an adult by a sexual partner
- My partner has threatened, pushed, shoved me
- My partner has threatened or abused my children

Vincent J. Felitti, MD

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A brief, empathic, validating response by a healthcare provider to someone who discloses a trauma history may be:

"I'm sorry that that happened to you; no one has the right to hit another person/force another person to have sex"

"Growing up in an environment of violence is so difficult for a child – no one should have to face such upsetting and scary situations"

"We know that there is a direct relationship between these experiences and a person's physical health; have you ever had a chance to explore these?"

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Poll Question 2:
Do you have a mechanism in place to learn about prior or current trauma experiences ?

Yes
 No

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C. Communicating a Sensitivity to Trauma Issues

- Trauma related materials in waiting areas
- Posters inviting individuals to talk about trauma and/or needs located in exam rooms
- Asking questions about trauma and/or needs before and during exams

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D. Creating a Safe and Secure Environment

- Survey service recipients to gain feedback about their experiences, including the physical environment
- Solicit staff to suggest improvements to care and the environment
- Insure individuals feel welcome and comfortable from reception through exiting
- Do no harm – prevent re-traumatization
- Provide trauma sensitive practices and care

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E. Trauma Informed Care: Principles of Sensitive Practice

1. *Respect*
2. *Taking Time*
3. *Rapport*
4. *Sharing Information*
5. *Sharing Control*
6. *Respecting Boundaries*
7. *Fostering Mutual Learning*
8. *Understanding Non-linear Healing*
9. *Demonstrating Awareness and Knowledge of Trauma*

Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse was researched and written by Candice L. Schachter, Carol A. Stalker, Eli Teram, Gerri C. Lasluk and Alanna Danilukewich

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Trauma Informed Care: Practical Tips

- Engage person, develop rapport and build trust over time
- Provide calm and soothing office environment
- Give relaxed, unhurried attention
- Talk about concerns and procedures before doing anything (ex. asking patient to disrobe)
- Give as much control and choice as possible
- Validate any concerns as understandable and normal
- Allow a support person or female staff person to be present in the room
- Explain thoroughly each procedure and get consent

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Truman Medical Centers

Description of TMC

- A two-hospital, not-for-profit health system located in Kansas City, MO. In addition to 380 acute-care beds, the TMC system includes TMC Behavioral Health, the Jackson County Health Department, a 188-bed long term care facility, more than 30 ambulatory clinics and a number of primary care practices and clinics (the largest provider of outpatient specialty care in Kansas City), operates the busiest adult emergency department in the city, and has one of the top Level 1 trauma centers in the Kansas City metropolitan area

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Background

Truman Medical Center's structure

- TMC joined the national trauma-informed care Learning Community initiative organized by the National Council for Community Behavioral Health.
- We have organized a Core Implementation Team consisting of staff from any discipline or role.
- We also have a larger oversight group that helps to guide and make decisions that are practical and beneficial to all of us.

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TMC Vision Statement

The Steering Committee will support Truman Medical Center in creating a Culture of Trauma-Informed Care, incorporating the principles of Safety, Trustworthiness, Choice, Collaboration, and Empowerment, while expanding the quality of Trauma-Specific services.

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Primary Functions:

- Commit to a Trauma-Informed Care Organizational Mission and Dedicate Resources to Support It
- Incorporate Values and Approaches Focused on Safety, Trustworthiness, Choice, Collaboration, and Empowerment for Consumers, and Survivors
- Create Strength-Based Environments and Practices that Allow for Consumer and Survivor Empowerment
- Coordinate Ongoing Trauma-Informed Care Staff Training and Education
- Improve and Target Staff Hiring Practices for Trauma-Informed Care
- Update Policies and Procedures to Reflect New Trauma-Informed Care Mission

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Early days...

Executive and physician leadership buy-in

- Monthly TIC "tidbits" (e.g., handout on one value each month)
- Inserting TIC language and interventions into presentations and daily interactions
- Targeted use of language and partner with other initiatives

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Training, training, and re-training

On-going training

- New nurse orientation
- Video (all new employee orientation and current 4000)
 - 30" on Provider self care and caring for each other
 - 30" on Trauma Informed Care principles
- Train new rotating residents in Women's Health every 3 weeks and this program partners with MOCSA to create seamless referral in trauma informed manner
- 45" Resident training module by Dr. Sullivan

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Training, continued

Organic method

- Wherever we are invited (or invite ourselves...)
- PTSD Education
 - Lunch and Learn on PTSD symptoms in the workforce
 - Recognizing signs of PTSD
 - After a major incident, offering education on acute stress and what to look for in progression to PTSD
- TIC introductory presentations (15", 30", 60")
 - Cardiology, Sleep Clinic, Primary Care

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Training, continued

Organic method, continued:

- Self care and burnout for hospital social workers
- TIC principles for our KC SANE
- Trauma, attachment and PTSD for Mother and Child Coalition
- Coaching—how to ask the questions
- Wellness initiatives across all levels and disciplines
- Second victim acknowledgement and outreach

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PTSD Specific Services

- Seamless referral system
- No catchment restrictions
- Provide much of the coaching, support for secondary trauma, staff referrals, and education within system
- Evidence based practice: Prolonged Exposure, Cognitive Processing Therapy, TF-CBT, Eye Movement Desensitization and Reprocessing
- PTSD patient wallet card

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Doctor: I have Post Traumatic Stress Disorder (PTSD)

This means that I have been diagnosed with this disorder by a mental health professional. What is PTSD?

- I have experienced a traumatic event that involved actual or threatened injury, death, or sexual coercion which causes me to:
 - Frequently have unwanted thoughts, memories, or images of the traumatic event(s) or nightmares and flashbacks
 - Avoid or consistently avoid things or situations that remind me of the trauma
 - Have increased symptoms of arousal (i.e. sleep problems, irritability/anger, hypervigilance and/or exaggerated startle response)

For more information on PTSD, please go to this website: <http://www.pdtd.va.gov/>

My therapist is: _____ Phone: _____

You can help me in this appointment by:

- Introducing yourself and anyone else who may come in the room.
- Allowing me to remain clothed for as much of the appt as possible.
- Asking permission to touch me.
- Being patient and trying to understand that I am likely anxious/hot combative.
- Patiently talking me through procedures, even very routine ones.
- Repeating information if I ask.
- Coming to check on me if I'm left alone in the room for a while.
- _____
- _____

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Find Your Natural Partners

When the goal is to reduce cost and improve outcomes, we recognize more and more how trauma underlies

- Places where we have some level of PC BH integration
- Health Home
- Innovation grant: High cost utilizer of medical services and provide intense wrap around
- Zip code analysis

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Workflow to consider

Nursing assessment for all psychology appointments

- Vital signs and other medical trends
- Screeners:
 - Primary Care-Posttraumatic Stress Disorder screener (PC-PTSD)
 - PTSD Checklist
 - Beck Depression Inventory
 - St. Louis Primary Care Behavioral Health Screener

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Where are we now

PCP's Perspective: "It's my job to recognize and refer..."

- Fear: How much screening? Are we opening a can of worms that we are not trained to address? But we are trained enough to ask the questions and refer...It's OK to start the discussion.
- Most PTSD patients seem to be younger. Perhaps hypertension and ER visits would be good to trend. They have lower tolerance for symptoms.
- Helping with burnout and stress: look at research on physician suicide rates.

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Where are we now

PCP Perspective: TIC has taught me...

- "That those really [emotional] clients usually have had something really, really bad happen in childhood".
- "[TIC] has helped me look at the underlying cause of their behaviors".
- "I can't believe how much trauma is there...and now that I've started to ask, I realize how much our patient's health is tied to early trauma."

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Where are we now

- Other achievements
- No finish line
- Keeping the momentum
- Back to the role of leadership

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