Trauma-Informed Care Innovation Community: Understanding Trauma, Trauma-Informed Approaches and Choosing TIC Performance Indicators

Linda Ligenza, LCSW
Tony Salerno, PhD
February 18, 2016
Setting the Stage:
Today’s Moderator

Madhana Pandian
Associate
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/Innovation Communities
Our format:

**Structure**
Presentations from experts

**Polling You**
At designated intervals

**Asking Questions**
Responding to your written questions

**Follow-up and Evaluation**
Ask what you want(expect) and presentation evaluation
Listserv

Look for updates from:

trauma_informed_care_ic
About Your CIHS IC Team:

Facilitator: Linda Ligenza LCSW/lindal@thenationalcouncil.org
Coordinator: Madhana Pandian/madhanap@thenationalcouncil.org

Faculty will be comprised of 2 CIHS staff, and subject matter experts who will provide webinar content and coaching in collaboration with the CIHS staff

- Faculty deliverables will include support of participants with educational materials, supportive monitoring of participant progress toward achieving TIC goals, and timely follow-up to questions
- Dedicated page on the CIHS website for all IC
- Listserv specifically for TIC IC
Linda Ligenza, LCSW
SAMHSA-HRSA Center for Integrated Health Solutions – TIC IC Facilitator
Anthony Salerno, PhD
- Senior Consultant, National Council for Behavioral Health
- Practice and Policy Scholar, McSilver Institute for Poverty Policy and Research, New York University
- Assistant Professor, Adolescent and Child Psychiatry, Langone Medical Center, NYU
Webinar Agenda

• Understanding Trauma and Trauma-Informed Care
• Trauma-Informed Care Domains
• Performance Indicators and Continuous Quality Improvement
• Value of the Organizational Self-Assessment and Progress Monitoring Tool
• Process and Outcome Performance Indicators
• Available Tools and Resources
• Next Steps
Polling Questions

1. How many times have you met with your implementation team?
   0    1    2    more than 2X

2. Have you completed your OSA?
   Yes   No
Definition of Trauma

Three Key Elements:

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effect on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.*

SAMHSA 2012
The ACEs Study

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

- Between 51% and 98% of public mental health clients diagnosed with severe mental illness have trauma histories.
- An individual with an ACE Score of 4 or more was 460% more likely to be suffering from depression than an individual with an ACE Score of 0.
- A person with an ACE Score of 4 is 260% more likely to have COPD than is a person with an ACE Score of 0.
- There was a 250% increase in the odds of having a sexually transmitted disease between individuals with an ACE Score of 4 compared to individuals with an ACE Score of 0.
- Between two-thirds and 80% of all attempted suicides could be attributed to adverse childhood experiences.
### Impact-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**
- **Multiple divorces**
- **Fetal death**
- **High risk sexual activity, STDs & unintended pregnancy**

- **Intimate partner violence—perpetration & victimization**
- **Liver disease**
- **Lung cancer**
- **Obesity**
- **Self-regulation & anger management problems**
- **Skeletal fractures**
- **Suicide attempts**
- **Work problems—including absenteeism, productivity & on-the-job injury**
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
Why medical settings may be distressing for people with trauma histories:

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

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Respect for cultural, historical, and gender issues

SAMHSA, 2012
**Trauma-Informed Approach**

*Realizes* the prevalence of trauma

*Recognizes* how trauma affects all individuals involved with the program, organization, or system, including its own workforce

*Resists* re-traumatization

*Responds* by putting this knowledge into practice

(AMAHA, 2012)
Trauma-Informed Approaches in Primary Care Can:

• Minimize reaction to triggers
• Improve adherence to treatment and use or overuse of services
• Help people understand how trauma impacts their current health
• Connect people with appropriate resources

Trauma-Informed Care is Now the *Expectation*, NOT the Exception
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*
Continuous Quality Improvement

A framework and guide to setting goals and implementing trauma informed care principles and practices in a healthcare setting

You may have the will.................
but an organization needs a way
What’s a really good improvement strategy?

- Not expensive
- Can tell if the idea is working or not
- Affects many
- Can be done in a reasonable timeframe
- Is in the control of the organization
- Aligns with regulations, fiscal requirements, and law.
- Unlikely to cause other problems (unintended consequences dilemma)
- Practical in light of other organizational priorities
- Reasonable in light of staff demands on time and energy
- Tools and resources available
A framework to organize a quality improvement goal

FOCUS PDCA

F ind an improvement area
O rganize a team
C larify current practices
U nderstand source of variation/problem
S elect a strategy

Plan   Do   Check   Act
Role of the OSA and PMT

OSA: Engages organizations in a self assessment process to FIND improvement opportunities and CLARIFY current practices

PMT: Assists organizations to CHECK progress over time
Performance Indicators: Process Indicators vs Outcome Indicators

PROCESS INDICATORS
Indicators that help you monitor and track the degree to which you are implementing your improvement plan as you wanted

OUTCOME INDICATORS
The critical health improvement indicators that the improvement efforts are designed to address
Process and Outcome Indicators

Quantitative data: type of numerical value to be used to express the indicator (percentage, rate, number of occurrences etc.).

Qualitative data: Focus groups, interviews, surveys involving written feedback
Domains of a Trauma-Informed Primary Care Setting

Domain 1: Early Screening & Comprehensive Assessment of Trauma
Domain 2: Patient Voice, Choice and Collaboration
Domain 3: Workforce Development and Best Practices
Domain 4: Safe and Secure Environment
Domain 5: Data Collection and Performance Improvement

National Council
Domain 1
Early Screening and Comprehensive Assessment

Develop a respectful screening and assessment process

- Routine
- Competently done
- Culturally relevant
- Sensitive
Screening and Assessment Process

**Screen** - brief, focused inquiry to determine an individual’s experience of traumatic events or current events that might be traumatizing

**Assess** - more in-depth exploration of the nature and severity of the traumatic events and the consequences on a person’s life including current distressing symptoms

**Treat / Refer** to internal or external resources for individual or group trauma-focused services
Performance Indicators: Domain 1

Process Indicators

Implementation of the assessment process

- **Quantitative:**
  - total number of clients who screen positive who receive a more in-depth assessment
  - number who have a positive assessment (defining what is meant by positive)
  - number who have a negative assessment (defining what is meant by negative)
  - total number who refuse the assessment

- **Qualitative**
  - Response and feedback from the client
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Domain 2
Patient Voice, Choice and Collaboration

Have a system in place to:
• Monitor patient satisfaction and perception of care
• Include recipients of care in processes that influence decision making
• Provide information to patients on the impact of adverse life events on a person’s whole health
Performance Indicators: Domain 2
Patient voice, choice and collaboration

Process Indicators

Quantitative:
- Number of peers employed, volunteer
- Number of activities that elicit feedback from patients
- Number of decision making activities that include a peer/consumer representative
- Aggregated survey results from patients

Qualitative
- Focus group and individual feedback from patients
- Feedback from staff regarding the role of patient volunteers, workers, committees etc.
Domain 3
Work Force Development and Best Practices

• Increase awareness, knowledge and skills of the *entire workforce* to deliver services based on the principles of TIC and sensitive practices
• Create systems that promote collaboration between primary and behavioral health care
• Provide resources for behavioral health staff to deliver trauma specific interventions
• Implement policies, practices and procedures that build and sustain a trauma-informed work force
Performance Indicators: Domain 3
Workforce development and best practices

Process Indicators

Intervention to address trauma related concerns

- **Quantitative:**
  - Number of staff with expertise in providing trauma specific interventions
  - Total number of clients who agree and attend at least one individual/group trauma focused service
  - Total number who agree initially but do not attend any sessions.
  - Total number of individual/group sessions attended by client.

- **Qualitative**
  - Response and feedback from the clients
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Domain 4
Safe and Secure Environment

Create Environments that are

- Safe
- Trusting
- Healing
Performance Indicators: Domain 4
Safe and secure environment

Process Indicators

- **Quantitative:**
  - Aggregated Survey Results (e.g., client survey tool)
  - No show rates, kept appointments, number of clients who register at reception but leave before appointment time
  - Brief feedback survey (e.g., 5 items) given to all clients in the waiting room

- **Qualitative:**
  - Focus groups
  - Routine question about the environment as part of each visit (staff meeting to discuss feedback)
  - Walk through the entire medical visit process from initial call to treatment and follow up
  - Staff feedback
Domain 5
Data Collection and Performance Improvement

Data related to each domain is tracked, analyzed and used to address challenges and/or reinforce progress.
Performance Indicators: Health Outcomes

The degree to which the provision of a trauma specific service improves the patients high priority whole health goals

★ Quantitative:
  – Mechanical indicators (BMI, Weight, Blood Pressure, weight circumference) and
  – Blood chemistry indicators (A1C, Cholesterol, other physiological measures pertinent to the selected cohort)

★ Qualitative
  – Response and feedback from the client
  – Feedback from staff involved in the process
  – Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process
Workflow Data Points
Domain 1: TIC Screening, Assessment and Treatment

Total # of patients expected to screen

Screened for Trauma:
- # Negative: _____
- # Positive: ______

Screened
# Positive:____

Assessed Positive for Trauma______

Assessed for Trauma:
- # Negative____
- # Positive____

Referred to Treatment: ______
- Group____
- Individual____
Understanding the entire process

The critical question to answer:

*Does the health of patients improve in response to the health provider’s adoption of one or more trauma informed care principles and practices (Domains)*?
Poll Question: What best describes your data collection system

A. We have a good system in place to measure our TIC efforts
B. We have fairly good system in place
C. Our system is marginally adequate
D. Our system is not working well
Domain 3: Workforce Development and Best Practices

- Workforce Behaviors
- Improved interaction with patients
- Improved Engagement
- Improved health
- Continuity of care
- Accessible Treatment
Let’s review the work plan – G&O

TIC IC Work Plan - Project Goals and Objectives Tool

<table>
<thead>
<tr>
<th>TIC Domain</th>
<th>Goals/Objectives</th>
<th>Performance Indicators (measures/outcomes for each G/O)</th>
<th>Action Steps (include lead person and date to be achieved for each step)</th>
<th>Action Steps</th>
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Monitoring Progress and Outcomes

• Based on OSA, develop achievable goals, objectives, persons responsible and timeline
• Identify specific performance indicators to measure progress
• Use team meetings to review progress and challenges (use Performance Monitoring Tool-PMT)
• Address challenges or obstacles to progress
• Share and celebrate progress and outcomes
Next Steps:

- Based on the OSA and PMT findings
  a) Develop a work plan with 1-3 goals
  b) Submit OSA/PMT and Work Plan by February 26th
- Establish a monitoring system
- Mark your calendars for the March Webinars
  
  **Please note:**
  
  March 17th at 2:00pm – Review of Domain Tools
  March 24th at 2:00pm – Creating Sanctuary
- Hold 3rd Thursday of each month except for May-changed to May 5th on Screening and Assessment
- Use doodle calendar to schedule team coaching call
Next Webinar: Please Note

Workforce Development: Creating Safety for All
Sandy Bloom, MD (The Sanctuary Model)

March 24, 2016
2:00 – 3:00 PM EST
## Webinar Schedule

<table>
<thead>
<tr>
<th>Webinar Number</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>February #2</td>
<td>Feb. 18</td>
<td>2 - 3pm</td>
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<td>March #3</td>
<td>Mar. 17 &amp; Mar. 24</td>
<td>2 - 3pm</td>
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<tr>
<td>April #4</td>
<td>Apr. 21</td>
<td>2 - 3pm</td>
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<td>May #5</td>
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<td>June #6</td>
<td>Jun. 16</td>
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<td>July #7</td>
<td>Jul. 21</td>
<td>2 - 3pm</td>
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<tr>
<td>August #8</td>
<td>Aug. 18</td>
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Resources

SAMHSA’s Concept Paper on trauma and TIC
Link:  http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

SAMHSA TIP 57 on TIC
Link:  http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

CIHS Website/Trauma Section
Link:  http://www.integration.samhsa.gov/clinical-practice/trauma

National Council TIC in Primary Care Website
Contact Information

Tony Salerno, PhD

tonys@thenationalcouncil.org
Listserv

Look for updates from:

trauma_informed_care_ic

Q & A
Thank you for joining us today!

Please take a moment to provide feedback by completing the survey at the end of today’s webinar

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Madhana Pandian/madhanap@thenationalcouncil.org