TIC Innovation Community: TIC Principles and Practices in Integrated Care Settings

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Today’s Moderator

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Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/
Innovation Communities 2018

To participate
Use the chat box to communicate with other attendees
Look for updates from:
trauma_informed_care_ic@nationalcouncilcommunities.org

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).
About Your CIHS IC Team:

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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
- Opportunities for IC members to connect with one another

Innovation Community Facilitator

Linda Ligenza
Faculty Lead
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Innovation Community Subject Matter Expert

Anthony Salerno
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SAMHSA-HRSA Center for Integrated Health Solutions

Agenda

• Introductions
• Trauma and its Impact
• Adopting Trauma-Informed Approaches-One Organization’s Experience
• Q & A
• Implementation Check-in
• Resources
Introductions

Please briefly tell us:
• Your name
• Your title
• Your organization name/State
• One domain/goal

Trauma and its Impact
Overview

- Trauma is prevalent and impactful
- Trauma is not easily observable
- Trauma-Informed approaches are:
  - About culture shift
  - Guided by principles and values
  - Doing what we always do but “better”
  - Perfectly aligned with integrated care!

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
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

The ACEs Study

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

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

What Does Trauma Do?
Shapes our:

- Worldview
- Beliefs
- Spirituality
- Identity

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

One doctors view of addiction and ACE’s

“Addiction shouldn’t be called “addiction”. It should be called “ritualized compulsive comfort-seeking”.

“Ritualized compulsive comfort-seeking (what traditionalists call addiction) is a normal response to the adversity experienced in childhood, just like bleeding is a normal response to being stabbed"

“The solution to changing the illegal or unhealthy ritualized compulsive comfort-seeking behavior of opioid addiction is to address a person’s adverse childhood experiences (ACEs)"

Dr. Daniel Sumrok, director of the Center for Addiction Sciences at the University of Tennessee Health Science Center’s College of Medicine.
“The most important thing I didn’t learn in medical school is about adverse childhood experiences”

To be sure, if I had understood them then the way I do now, I would have been a better and more compassionate physician. Importantly, I would have avoided lots of mistakes.

What kind of mistakes, you ask?

I was pretty much a failure taking care of smokers, drinkers, drug addicts, and morbidly obese people. People who were chronically depressed or in chronic pain were not helped by me either.

I never understood that addictions to food, drugs, alcohol, and cigarettes are imperfect solutions to the effects of toxic stress resulting from adverse childhood experiences. Toxic stress sets up pathways in the brains of traumatized children, pathways which persist into adulthood. We don’t outgrow these pathways, so as we get older, we try “home remedies” to treat them.

My mistake was to try over and over to get people to “give up” cigarettes, alcohol, pills, or overeating without addressing the reasons these things provide comfort. I was never taught that the stress receptors in our brain that are soothed by these substances are set up in early childhood. Our early experiences create memories which become structural realities in our brains. To try to address chronic pain with pills simply compounds the problem by adding a new one: addiction.

Dr. Nancy Hardt is Professor Emerita, University of Florida College of Medicine. She was featured in an NPR story, A Sheriff and a Doctor Team Up to Map Childhood Trauma, in 2015.

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 Can We Do?
Paradigm/Culture Shift

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

And, “What’s strong?” rather than “What’s wrong?”

Paradigm Shift

Current
• Only one clinician knowledgeable about trauma
• A few trained in trauma-specific treatment
• High rate of screening for trauma
• Focused on patients only
• Focused mainly on what they deliver

Future
• Everyone educated about trauma
• Everyone appreciates prevalence and impact of trauma
• Screening processes and approaches that are sensitive and educate clients
• Focus on caring for all
• Focus on how they deliver it—attitudes, beliefs, language, environment, relationships
Therefore, we need to exercise…

Adopting Trauma-Informed Approaches

One Organization’s Experience
Sacopee Valley Health Center
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.

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/reside in the provider pod
- PCP is the quarterback; BHC is a consultant to help PCP make more informed decisions
- Behavioral Health mentoring program – met Kathryn Power, Region 1 Director – TIC principles
Adoption of Trauma-Informed Care

• Project ECHO - Pain/ACEs
• Joined TIC Innovation Community in 2015
• Formed an Implementation Team with a Patient
• Completed the OSA
• Adopted the 4Rs
• Created our belief statement

\[\text{integration.samhsa.gov}\]
What Drives Our Work?
Principles of a Trauma-Informed Approach

- Safety
- Cultural, Historical, and Gender Issues
- Trustworthiness and Transparency
- Empowerment, Voice, and Choice
- Peer Support
- Collaboration and Mutuality

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

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?
Common Signs of Trauma

- Isolating behaviors
- Confusion, difficulty concentrating
- Quick to react to situations
- Cancelling or not keeping appointments
- Frequent visits to the ED
- Multiple medical and/or psychiatric diagnoses
- Diagnoses with no clear etiologies
- Suicidal behaviors
- Diagnoses of ADHD in children and Borderline in adults

Responds – Integration Policies/Procedures

- Daily huddle
- New employees
- On-going staff trainings
- Employee Assistance – Calm Room
- Time off honored
- Pizza/ice cream socials
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 about connection between past trauma and current difficulties:
  “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?”
- Use a Trauma-Informed Lens

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*
Promoting Resilience

Building Relationships

What We Did

‘The Nuts & Bolts’
Implementation Steps and Timeline

December 2015:
- Established team (Medical Director, Director of Behavioral Health Facilities Coordinator, Practice Manager, Behavioral Health Consultant, Care Coordinator, RN, and a patient – nominated by Medical Director and Director of Mental Health)
- Introduction of TIC at All Staff Meeting – intro to TIC principles

January/February/March 2016 - held team meetings to:
- OSA determined domains (Early Screening, Workforce Development and Data Collection)
- Developed work plan with goals
- Presented on TIC-IC and proposed Belief Statement to Board of Directors

Implementation Steps and Timeline

April 2016:
- LEC-5 vs. ACE per patient
- Board of Directors approved ‘Belief Statement’
- LEC-5 in EMR – Director of HIT
- 2-part All staff training
- In depth principles
- Patient scenarios
- Treatment options
Implementation Steps and Timeline

June – September 2016:
- Workflow developed for screening - LEC-5
- Data collection- Just started 2/1/18 results in June
  - # of patients screened
  - # of patients positive screening
  - # of patients w/positive screening and receive assessment w/BHC
  - # of patients w/negative screening
  - # of patients who refuse screening

- “Paper Tigers” for the community – September, 2017
- Facilitated community discussion – TIC in school system
- BHC trains on Mental Health First Aid

Lessons Learned

- Not possible without TIC-IC: coaching, webinars, OSA, surveys, posters, resources, etc.
- TIC is a long-range plan - LEC-5 standard screening w/PHQ-9 and SBIRT, daily huddle, on-going staff training
- Momentum continues because it is part of who we are
- Do not assume that everyone understands the concept of trauma (patients, providers, and staff), therefore important to explain what you mean by trauma
How We Know We Are Making Progress

- We all practice ‘universal precautions’
- We see our work through a ‘trauma-informed lens’
- Patient Action Review Team Meeting – ask about trauma
- Most proud of our two-fold work: compassionate tapering off opioids and thriving MAT program
- Must not forget “hurt people, hurt people”

Listserv

Look for updates from: trauma_informed_care_ic

Q & A
Adoption of TIC Practices: Implementation Process – what have you completed so far?

1. Gain commitment from leadership
2. Develop Implementation Team
3. Build consensus
4. Create a shared vision
5. Communicate for buy-in
6. Assess your organization
7. Develop a plan
8. Create a monitoring system
9. Take action

Poll Question: What best describes the degree to which you have established consensus on a domain specific improvement goal

A. We have developed a domain specific improvement goal
B. We are close to finalizing our goal
C. We are in the very early stages of deciding on a goal
D. We haven’t started working on establishing a goal
Poll Question: What best describes the status of your work plan

A. We have developed a complete work plan
B. We are close to finalizing our work plan
C. We are in the very early stages of deciding on a work plan
D. We haven’t really started discussing our work plan

Next Steps:

• Complete your implementation team - done
• Submit your Organization Self-Assessment (OSA) - done
• Based on the OSA:
  a) Develop and submit a work plan/SMART Goals with 2-3 goals by March 20th - done
  b) Work plan should include steps and timeline
• Team attends coaching calls – should be scheduled
• Establish a data monitoring system
• Mark your calendars for next webinar: April 17, 2–3:30 PM ET with Tracy Knight on Workforce Development
Webinar Schedule

January 30, 2018 - 2:00 PM – 3:30 PM EST  
Webinar 1: IC Orientation - Kickoff Webinar – Tony and Linda

February 27, 2018 – 2:00 PM – 3:30 M EST  
Webinar 2: Implementation Process – Tony and Linda

March 27, 2018 – 2:00 PM – 3:30 PM EST  
Webinar 3: TIC Principles and Practices in Primary Care – Jennifer McCarthy

April 17, 2018 2:00 PM – 3:30 PM EST  
Webinar 4: Adopting Trauma-Informed Approaches – Workforce Development – Tracy Knight

Resources

• SAMHSA Concept Paper  
• SAMHSA TIP 57  
• The Body Keeps the Score by Van der Kolk  
• Oprah on ‘60 Minutes’  
• ACEs Connections  
• Seeking Safety Workbook (Lisa Najavits)
For More Information & Resources

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

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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