Impact of ACEs and Adoption of Trauma-Informed Approaches in Healthcare Settings

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Stephen and Sandra Sheller 11th Street Health Center

SAMHSA-HRSA
Center for Integrated Health Solutions
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Moderators

Linda Ligenza, LCSW, Clinical Services Director, CIHS

Roara Michael, MHA, Senior Associate
Before we begin

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Linda Ligenza, LCSW

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

Linda’s expertise in trauma and trauma-informed care further assists the CIHS audience to improve practices, policies, procedures and outcomes.

Ms. Ligenza has a background in clinical, administrative and public policy work based on her 30 year career. She worked first with the New York State Office of Mental Health and subsequently with HHS Substance Abuse Mental Health Services Administration (SAMHSA) in their Traumatic Stress Services branch of the Center for Mental Health Services.
Karen Johnson, MSW, LCSW, Senior Director of Trauma-Informed Services at the National Council for Behavioral Health, provides consultation, training and technical assistance to organizations, systems and communities to heighten awareness of the impact and prevalence of trauma and to advance the adoption of trauma-informed approaches.

Karen is passionate about the National Council’s work with schools striving to become trauma-sensitive and is the lead on the agency’s partnership with Kaiser Permanente to create a change package for advancing trauma-informed approaches within the primary care setting. Karen’s work prior to the National Council includes over 19 years of clinical and administrative experience in child welfare and community-based mental health.

Karen is also the parent of an adult child with severe and chronic mental illness. With her joined professional and lived experiences, Karen brings a distinct perspective to this work across organizations, systems and communities.
• Trauma and Its Impact and Prevalence
• Making the Case for Adopting Trauma-informed Approaches
• Defining Trauma-informed Approaches
• Adopting Trauma-informed Approaches
• One Health Center’s Journey
• Q&A
• Resources
Polling Question

How much do you know about becoming a Trauma-Informed organization?

a) We have been seriously working on becoming trauma-informed
b) We have started working on becoming trauma-informed to a limited degree
c) We have not looked at doing this work yet
Trauma and Its Impact and Prevalence
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!
Why Is Understanding Trauma Important?

- Many current conditions 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.
“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
“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

Historical Trauma and Cultural Healing, University of Minnesota Extension
Common Signs of Trauma

• Isolating behaviors
• Confusion, difficulty concentrating
• Quick to react to situations
• Canceling 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
Trauma’s Impact on the Body

**FIGHT or FLIGHT**

**NOTICEABLE EFFECTS**
- Pupils dilate
- Mouth goes dry
- Neck and shoulder muscles tense
- Heart pumps faster
- Chest pains
- Palpitations
- Sweating
- Muscles tense for action
- Breathing fast + shallow - hyperventilation
- Oxygen needed for muscles

**HIDDEN EFFECTS**
- Brain gets body ready for action
- Adrenaline released for fight/flight
- Blood pressure rises
- Liver releases glucose to provide energy for muscles
- Digestion slows - or ceases
- Sphincters close - then relax
- Cortisol released (depresses the immune system)
What Does Trauma Do?
Shapes Our Beliefs

Worldview

Identity

Spirituality
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

ACE Study-Kaiser and CDC
The Adverse Childhood Experience Study
Findings

- Over 17,000 adults studied from 1995-1997
- Almost 2/3 of participants reported at least one ACE
- Over 1/5 reported three or more ACEs, including abuse, neglect, and other types of childhood trauma
- Major links identified between early childhood trauma and long term health outcomes, including increased risk of many chronic illnesses and early death
<table>
<thead>
<tr>
<th>Life-Long Physical, Mental and Behavioral Outcomes Linked to ACEs</th>
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<tbody>
<tr>
<td>• Alcohol, tobacco, and other drug addiction</td>
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<td>• Auto-immune disease</td>
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<tr>
<td>• Chronic obstructive pulmonary disease and ischemic heart disease</td>
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<tr>
<td>• Depression, anxiety, and other mental illness</td>
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<td>• Diabetes</td>
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<td>• Fetal death</td>
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<td>• <strong>High risk sexual activity, STDs, and unintended pregnancy</strong></td>
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<td>• Intimate partner violence—perpetration and victimization</td>
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<td>• Liver disease</td>
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<td>• Lung cancer</td>
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<tr>
<td>• Obesity</td>
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<tr>
<td>• Multiple divorces</td>
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<tr>
<td>• <strong>Self-regulation &amp; anger management problems</strong></td>
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<tr>
<td>• Skeletal fractures</td>
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<tr>
<td>• Suicide attempts</td>
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<tr>
<td>• Work problems—including absenteeism, productivity, and on-the-job injury</td>
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HRSA
Substance Abuse and Mental Health Services Administration

SAMHSA
Health Resources & Services Administration
“You are just as likely to develop heart disease from an ACE as you are from high blood pressure, high cholesterol or family history”

Vince Felitti, MD
Co-Principle Investigator
ACEs Are Not Destiny
Making the Case for Adopting Trauma-informed Approaches in Integrated Care Settings
Why is Adopting Trauma-informed Approaches in Integrated Settings Important?

- Primary Care/Health Centers are typically first point of contact
- Opportunity for addressing and preventing ACEs in adults and children
- Benefits to the patient (safety leads to healing) and to the organization
- Offers framework for effective care and outcomes
- Addresses the quadruple aim
Trauma-informed Approaches in Primary Care

- Minimizes reaction to triggers
- Improves adherence to treatment and use or overuse of services
- Helps people understand how trauma impacts their current health
- Connects people with appropriate services and resources

It’s good medicine! Trauma-informed Care is Now the EXPECTATION, NOT the Exception!
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...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
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.

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.
Defining Trauma-informed Approaches
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

Cultural, Historical, and Gender Issues
Empowerment, Voice, and Choice
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Cultural, Historical, and Gender Issues
Empowerment, Voice, and Choice
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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*
Promoting Resilience

Building Relationships
Promoting Resilience Involves Teaching

Learn

Self-Awareness

I need you
I miss you
I love you

PERSONAL RESPONSIBILITY
Engage in Sensitive Practices

- 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
A Trauma-Informed Healthcare Environment

- Emphasizes the importance of the relationship
- Feels physically and emotionally safe and respectful for all
- Routinely identifies past and current trauma experiences
- Prepares staff to engage patients around the connection between trauma and health
- Creates opportunities to engage patients in meaningful ways
- Considers trauma when:
  - patient frequently misses appointments
  - has difficulty adhering to treatment
  - shows up often without appointments
  - frequently visits the ED
Adopting Trauma-informed Approaches
Begin to ask, “What happened to you?” rather than “What is wrong with you?”

And, “What’s strong?” rather than “What’s wrong?”
We Need to Exercise...
Domain 1: Early Screening and 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
Implementation Science: John Kotter’s Eight Stages of Change

1) Increase urgency
2) Build guiding teams
3) Get the vision right
4) Communication for buy-in
5) Enable action
6) Create short-term wins
7) Don’t let-up
8) Make it stick

The Heart of Change
Adoption of TIC Practices: National Council’s Implementation Process

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
SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach

Ten Implementation Domains – pages 12-16

https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
Advancing Trauma-Informed Care

https://www.chcs.org/project/advancing-trauma-informed-care/
One Health Center’s Journey
She focused her career on providing access to health care for underserved populations through the advancement of nurse-led health centers.

She also serves as the Director of the Stephen & Sandra Sheller Eleventh Street Family Health Services of Drexel University, a nurse-led, federally qualified health center in North Philadelphia.

Her current efforts are focused on trauma-informed care and building community resilience.
Stephen and Sandra Sheller
11th Street
Family Health Services
College of Nursing and Health Professions
The mission of the Stephen and Sandra Sheller 11th Street Family Health Services is to support Philadelphia’s opportunity to thrive by providing comprehensive, integrated health services and partnering with community members and allied organizations to advocate for health equity and sustainable change.
Integrated Mind-Body Approach to Healing

**Primary Care**
- Nurse Practitioners
- Nurses
- Intensive Care Manager
- Transitional Clinical Care Manager
- Behavioral Health Consultants
- Child & Family Support Coordinator
- Medical Assistant
- Front Desk Staff

**Behavioral Health**
- Psychologists
- Psychiatrists
- Social Workers

**Social Work**
- Social Worker
- Van Driver

**Physical Therapy**
- Faculty and Student

**Nutrition**
- Nutritionist

**Community Health and Wellness**
- Fitness Trainers
- Education and Outreach

**Oral Health**
- Dentists
- Dental Hygienists
- Dental Assistants

**Creative Arts Therapies**
- Dance/movement therapist
- Music therapist
- Art Therapist

**Mind and Body**
- Mind-body Integrative Therapist

**Education and Outreach**
- Personal Training
- Big Data in Fitness Group
- Individual Health Consults

**Nutrition**
- Formulas
- Grocery Store Tours
- Cooking Class
- Senior in the Kitchen
- Community Garden
- Diabetes Management Class

**Behavioral Health**
- HIV Screening
- Behavioral Health
- Integrated Care Consults
- Mind/Body Stress
- Nutrition Consults
- Home visits
- Psychology
- Cardiology
- Massage Therapy
- Parental and Child Individual and Groups
- "Fuzzy Dose" Chronic Pain Group
- Teen Family Planning Services

**Behavioral Health**
- Psychological Services
- Group and Family Therapy
- Creative Arts Therapies
  - Music Therapy
  - Dance Therapy
  - Art Therapy

**Oral Health**
- Child and Adult Preventative and Restorative Care

**Creative Arts Therapies**
- Long-term individual sessions
- Short-term Group sessions for adults and children
DEMOGRAPHICS

Four public housing developments in the 11th Street corridor

- 58% Medicaid
- 1/3 below age 18
- 86% African-American
- 7% Latino
- 32,000 VISITS / YEAR
- 20% Uninsured
- 2/3 Female
- 38% between 24 and 44
- MEDIAN INCOME $15,000
Figure 2. The Fourth (missing) Aim is improved clinician experience.
Models of Care

- Partnership for Community-based Care
- Integrative Health Care Model
- The Sanctuary Model
WHY TIC AND THE SANCTUARY MODEL

Discovery in patients

Woman with diabetes, depression, trauma

http://www.sanctuaryweb.com/Home.aspx
## The 4 Pillars

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<thead>
<tr>
<th>Theory</th>
<th>7 Commitments</th>
<th>SELF</th>
<th>Sanctuary Tools</th>
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<tbody>
<tr>
<td>Learned Helplessness</td>
<td>Non Violence</td>
<td>Safety – physical, psychological, social and moral</td>
<td>Community Meetings</td>
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<tr>
<td>Vicarious Trauma</td>
<td>Emotional Intelligence</td>
<td>Emotion - management</td>
<td>Safety Plans</td>
</tr>
<tr>
<td>Parallel Process</td>
<td>Social Learning</td>
<td>Loss – abuse, neglect, separation, getting stuck, change</td>
<td>Self Care Plans</td>
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<tr>
<td>Collective Disturbance</td>
<td>Democracy</td>
<td>Future – how can things be better</td>
<td>Red Flag Meetings</td>
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<tr>
<td>Traumatic Re-enactment</td>
<td>Open Communication</td>
<td></td>
<td>Team Meetings</td>
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<tr>
<td>Trauma and the effects on the body</td>
<td>Social Responsibility</td>
<td></td>
<td>Core Team</td>
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<td></td>
<td>Growth and Change</td>
<td></td>
<td>Psycho - Educational Group Work</td>
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Start with Staff

Start with staff: how they work with each other in safe environment

- Shared language
- Sanctuary Tools
Training

Need to get everyone trained and on the same page

Need ongoing training

Need plan for getting new staff on board
Sanctuary Theme of the Month:

SAFETY

SOcially Safe
- Are we treating others the way we want to be treated?
- Be aware of: sarcasm, passive aggressiveness, blaming, & name calling.

Physically Safe
- Are we respecting property and personal boundaries?
- Do not: steal, hit others, vandalize property

Psychologically Safe
- Are we being kind to ourselves?
- It's ok to avoid:
  - Hanging out with people who make you feel bad
  - Criticizing yourself

Morally Safe
- Do we feel safe to do the right thing?
- Be honest and own up to your responsibility
- If you see or know something, say something

Need Help Feeling More Safe?
Ask a trusted friend, teacher, counselor or 11th Street staff member for help.

HRSA
Substance Abuse and Mental Health Services Administration
Importance of Leadership Support

Needs to model behavior and make a commitment of time and resources

Need to be ready for issues that arise; ex. race, power, and privilege

Started ‘undoing racism’ group

Looked at hiring practices
Multiple Challenges

- Time for training – time away for providers of billable services
- Same problem for core team
- Administered Quality of Life Scale to measure compassion fatigue, burnout, secondary traumatic stress
What we did...

Provided staff with:
- Safe quiet spaces to reduce stress
- SELF groups - ex. MA dismissal
- Staff loss group with Dance/Movement Therapist
- Mindfulness

Provided Patients with:
- Whole person care
S.E.L.F.

What are we talking about here?

Safety
- What makes me feel safe?
- Do I feel safe right now?

Emotions
- How am I feeling in this moment?
- How are my emotions impacting me or my co-workers?

Loss
- Have I experienced loss or a change in the past few months?
- How could this be impacting me?

Future
- What have I learned from my loss/change
- How can I move forward?

IF YOU ARE FEELING DOWN OR UPSET, THERE ARE A FEW QUESTIONS YOU CAN ASK YOURSELF.

HRSA SAMHSA
Health Resources & Services Administration Substance Abuse and Mental Health Services Administration
What we did...

If you want to know - What happened to this person?
- Need to be present and listen-

Can be challenging with a financially-driven and industrial model of efficiency and cost effectiveness
- Often focuses on products and forget the reasons for what we do.

The center is currently working on bringing clarity and commitment to complimentary aspects of care.
What we did...

- Similar approach to the one used in Sanctuary - begin with staff
- Being present
- Allows for clear thinking and open-heartedness
- Alleviate suffering in a compassionate manner
Share the Care Model

Screening adults and children

Referrals

- Behavioral health consultant
- On-site behavioral health
- Mind-body therapist
- Creative arts therapist
We are here to help. Your care and safety is our priority.

Life can sometimes be a difficult journey...

Loss of Loved Ones
Neglect
Victim of Violence
Serious Accidents
Serious Illness
Physical, Sexual, Emotional Abuse
Troubled Family Life
Financial Stress

Physical, Emotional, or Substance Use Problems

HELP IS AVAILABLE HERE

HEALING IS POSSIBLE

WE ARE HERE TO HELP:
Please feel free to share information about past or current difficult life experiences with your provider or anyone on your care team because these experiences affect your health.
Successful Approaches and Outcomes

• “No wrong door” approach
• Integrated teams
• TIC in dental department
• Use of mind-body therapies
• Well-child care
Polling Question

Please use the chat box:

As a result of this webinar, is there one thing you plan to stop doing, start doing, or continue doing?
Resources

SAMHSA Trauma Resources
https://www.samhsa.gov/nctic/trauma-interventions

Center for Integrated Health Services Trauma Website
https://www.integration.samhsa.gov/clinical-practice/trauma-informed

ACEs Connection
http://www.acesconnection.com/

Kaiser/National Council Partnership and Hope Beyond Hurt Poster
http://bit.ly/1zamqxL
WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health, the unifying voice of America's healthcare organizations that deliver mental health and addictions treatment and services.
Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

Free consultation on any integration-related topic!
Please take a moment to provide feedback by completing the survey at the end of today’s webinar.
Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

Linda Ligenza - lindal@thenationalcouncil.org
Karen Johnson - karenj@thenationalcouncil.org

integration.samhsa.gov