Adopting Trauma-Informed Approaches in Health Care Settings
2018 Innovation Community Webinar 6

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Setting the Stage:
Today’s Moderator

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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.

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

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To participate

Use the chat box to communicate with other attendees
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Setting the Stage: Today’s Moderators

• Linda Ligenza | Faculty Lead
• Dr. Anthony Salerno | Subject Matter Expert

SAMHSA-HRSA Center for Integrated Health Solutions
Trauma Screening, Assessment, Treatment and Referral

Jennifer McCarthy, LCPC, Sacopee Valley Health Center
Tony Salerno, PhD, NYU and CIHS, National Council
Linda Ligenza, LCSW, CIHS, National Council

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Learning Objectives/Agenda

Participants will:
• Become familiar with the definitions and importance of screening and assessment of trauma
• Be able to recite at least two standards associated with this domain
• Be able to identify two pre-screening questions related to trauma
• Be able to develop a workflow for screening, assessing for trauma that includes internal and external referral for treatment
### Definitions

*Screening* - brief, focused inquiry to determine an individual’s past or current experience of traumatic events that might be traumatizing - experiencing of invasive thoughts, feelings or behaviors associated with trauma

*Assessment* - 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

### Why Screening & Assessment is Important

- Necessary to developing collaborative relationships with trauma survivors and offering appropriate services

- Necessary in order to avoid re-traumatization, honoring the dictum: “Above all, Do No Harm”

- Sets the stage for building resilience, recognition of a survivors strengths and builds a healing alliance

(Harris & Fallot, 2001)
Why Screen?

- Look for signs of behavioral health concerns (depression, anxiety, suicidal thoughts, substance use, etc.)
- Trauma is prevalent and impactful and therefore missing the signs could be detrimental to the patient
- Exploring the presence of trauma is critical to treating pain and opioid use and misuse
- Opportunity to address frequent use of ED, missed appointments, disengagement

Ten Questions Some Doctors are Afraid to Ask

“Talking to patients about adverse childhood experiences shouldn’t be any different than asking them about domestic violence or their drinking — awkward topics that doctors routinely broach now.” – Dr. Jeffrey Brenner

http://n.pr/1Gc3xN9

(NPR, March 3, 2015)
Domain 1. Screening and Assessment Standards

System is in place to:
- sensitively, routinely and universally screen patients for trauma
- sensitively inquire and respond to current adverse life experiences
- address the connection between trauma and physical health concerns
- complete comprehensive trauma assessment for patients with positive screens
- identify patients needing/wanting treatment referral and follow up on referral process

Screening, Assessment, Treatment/Referral Process

Screening:
- Describe screening process and create workflow
- Identify screening tools
- Identify and train staff to screen for trauma

Assessing:
- Describe assessment process and create workflow
- Identify tools
- Identify and train staff

Treatment/Referral:
- Describe referral process to internal or external provider(s)
- Identify already trained or train staff in EBP approaches
- Identify reliable community treatment providers when needed
- Ensure patient follow-through with appointments
Importance of Educating the Patient

- Prior to screening, explain why you are about to ask these questions—connection between trauma and health
- During screening, explain the role trauma plays in a person’s life and explore the person’s strengths
- After screening, educate about the value of further exploration (assessment) of the impact of trauma on this person’s life and the benefits of further increasing their resilience
- Throughout assessment and treatment process, continue to focus on strengths and building resilience (ask: how have you handled these difficulties in the past? How confident are you that you can handle these situations? What generally works for you when you deal with difficult life circumstances?)

Question

- Use the chat box to indicate if this is a domain you are now or plan to work on?
  - Yes
  - No
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.

Overview of SVHC’s Experience

- SVHC is a typical FQHC in rural Maine that serves 5,000 patients from 12 towns in four counties and two states (Maine, New Hampshire)
- Fully integrated and has thriving Medication Assisted Treatment program
- Gathered a team and recruited a patient.
- Adopted the 4Rs
- System-wide training
- Patient’s contribution-
  - Adopt the 2-question pre-screener and LEC-5
- All new staff receive brief TIC overview from Behavioral Health Consultant (BHC)
- Periodic staff trainings throughout the year
- Safe and welcoming lobby and exam rooms
Typical Challenges

- Time constraints
- Not comfortable with asking about trauma
- Fear of “opening Pandora’s box”
- Deciding on who should ask about trauma
- Identifying tools

Trauma-Informed Practices

- **All providers and staff trained in recognition** of trauma-related conditions (Post Traumatic Stress Disorder (PTSD), Depression, Diabetes, Heart disease, Reproductive trauma, etc.)
- **All New Patients, Complete Physical Exams, Annual Wellness Visits** patients screened (2 question screener)
- **All Mental Health intake** packets have Life Events Checklist (LEC)-5
- **All tools** are embedded in Electronic Health Record (EHR)
- **Monthly interdisciplinary team meeting** (cases, topics, Balint Group support)
- **Periodic review of clinical scenarios** (pelvic exam, tearful patient, angry hostile response to screening)
- **Daily Huddles and Debriefs** when needed
Screening through Treatment Workflow

- Staff education on how to administer 2 questions
- 2-question pre-screener at New Patient, Complete Physical Exam, and Annual Wellness Visits (either the Care Coordinator or Medical Assistant)
- If positive and patient willing to discuss -
  - Provider will discuss or warm handoff to Behavioral Health Consultant (BHC)
- BHC will administer LEC-5 (not medical assistants)
- BHC will provide psychoeducation – role of trauma and health
- Use Motivational Interviewing to determine next step –
  - One or two sessions for short-term strategies with BHC or
  - Referral to treatment (internal or external)
- BHC follows up with patient and PCP

2 Pre-Screening Questions

“We like to make sure we do all we can to take care of our patient’s overall health and wellbeing. Did you know that past and present life stress can have serious effects upon health and healing (provide ACE handout)? It has been shown that past experiences of painful or what we might call “traumatic life events” (such as abuse, violence, loss...etc) can lead to physical, emotional and mental health difficulties. We’d like to ask you a couple of questions about some of your experiences (obtain verbal consent). We have a team member available if you’d like to talk further about any of this after your PCP visit”.

1) Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically or behaviorally? For example, leading to problems:···
   - sleeping (nightmares), eating, completing daily tasks, being around others or going places···? (behavioral)
   - with excessive physical body pain/discomfort (physical)
   - periods of prolonged sadness/tearfulness, increased fear or irritability/anger (emotional)

2) Do you think any of these problems bother you now?
Clinical Indicators Suggesting Need for Screening

- High anxiety, irritability, escalating behaviors
- Lack of follow through with care plans
- Unusual weight gain
- Request for increase in pain medication
- Generalized somatic complaints with no clear etiology such as pain
- Missed appointments
- Ongoing sleep issues
- Heavy smoking
- Problem drinking
- Frequent ED visits

Triage Workflow and Screening Tools

- BHC will administer PTSD-PC, if exhibiting signs
- BHC will either administer 2 pre-screeners or
- BHC will administer LEC-5
- BHC will provide psychoeducation – role of trauma and health
- Use MI to determine next step –
  - One or two sessions for short-term strategies
  - Referral to counseling
- BHC will follow up with provider (patient ex.)
Assessment Workflow and Tools

- Clinical interview conducted by BH provider. Informed by choice of tools:
  - PHQ-9, GAD-7, PTSD-PC, AUDIT, ORT, LEC-5, and ADHD
- Background History (Family, Occupational, Social etc.)
- Assessment Outcome: Therapy or not?
- Prioritize current needs… (risk assessment, crisis stabilization, support)
- Intervention starts from screening & education -
  - Not all patients need, want or are suitable for therapy.
  - May benefit from case management, care coordination, and referral to outside resources.
  - Patient ex.
  - Patient must be self-determined

Patient Story

- New Patient, 40 year-old woman, long history of trauma
- Medical Assistant reported that she was so overwhelmed she couldn’t focus on chronic conditions
- Warm handoff from medical provider prior to her visit
- BHC and patient assessed needs/articulated concerns
- BHC updated medical provider
- Medical provider and BHC decided upon shared visit
- Patient very distressed by needing to tell her story over and over
- All of three of us prioritized needs and resisted re-traumatization
- Patient left visit feeling validated and relieved
Treatment/Referral Process

- If patient expresses interest in counseling - referral to Director of Behavioral Health to start process
- Could also refer to local counselors in the area
- BHC can help search Psychology Today (Find a therapist)
- BHC can help patient call insurance company directly to secure an experienced clinician
- Either BHC or Care Coordinator will follow up to see if counseling has been set
- BHC can help patients search for online tools/groups

Treatment Options

- **Universal SCREENING AND EDUCATION** allows services to reach many (whether they disclose or not, false negatives). Increases access to (and can de-stigmatize use of) mental health service

- **Stepped care approach** to mental/behavioral health treatments helps meet demands that increased screening may create (by providing “least burdensome” and most efficient treatment possible)

- **Primary care therapy interventions**, examples:
  - 1:1 brief therapy
  - Psychoeducation regarding stress/DM classes and groups
  - Case management, staff consultation
  - CBT, seeking-safety, coping skills, supports and promoting resiliency

- **Refer** on if patient requires higher level of care
### Trauma-Specific Treatment Options

- Trauma Focused-Cognitive Behavior Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Seeking Safety
- Dialectical Behavior Therapy (DBT)
- Mindfulness

### Brochures and Posters/Infographics

- Consider the value of brochures and posters in promoting informed decision making on the part of patients.
- Informational resources invite patients to share distressing experiences— to take a proactive position with minimal pressure.
- Posters/brochures provide the education/rationale for trauma related inquiries.
- Posters may include a promise statement that publicly affirms the organization’s vision/values related to creating a safe, trusting, and comfortable environment.
- It communicates that patients could hold the service accountable to delivering on its message.
TIC IC Website: Posters/Infographics

Workforce Development:
Trauma Poster/Infographics
- CIHS Trauma Poster
- ACE
- Trauma in PC
- There is Hope Beyond Hurt

Key Points

- Ensure that staff feel comfortable with screening and assessing for trauma through education, training and conversations about trauma and TIC principles and practices.

- Involve staff in development of screening and assessment process so they “own” it.

- Use quality improvement process to check to see if tool and process are working.

- Use huddles and team meetings to share information about impact of trauma on individuals and to see all aspects of care through a “trauma-informed lens.”

- It’s all about the ‘relationship’ and every person plays a key role!
Questions and Discussion

• SAMHSA’s Tip 57 – Trauma-Informed Care in Behavioral Health Services
  • Screening and Assessment – pages 91-110
  • Trauma-Specific Services – pages 137-155
  • https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

• National Council Screening and Assessment Guide

• Trauma-Informed Interviewing Skills

Additional Resources
Next Steps

- Final Coaching Calls – Please sign up now!
- Progress Report Survey – Completed by August
- July Webinar – ‘Strategies to Sustain Momentum and Progress’
- August Webinar – Progress Report-Out by 3-4 Participants

CIHS News and Resources

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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.

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