

Bringing Trauma-Informed Care into Primary-Care Settings

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Implement and study a trauma-informed approach throughout health, behavioral health, and related systems.

Comprehensive Public Health Approach to Trauma

- SAMHSA,
- Relevant federal agencies,
- Public and human service sectors
- States, jurisdictions.

Approach to Community and Historical Trauma

- Develop framework for trauma-informed approach for communities

SAMHSA's Vehicles

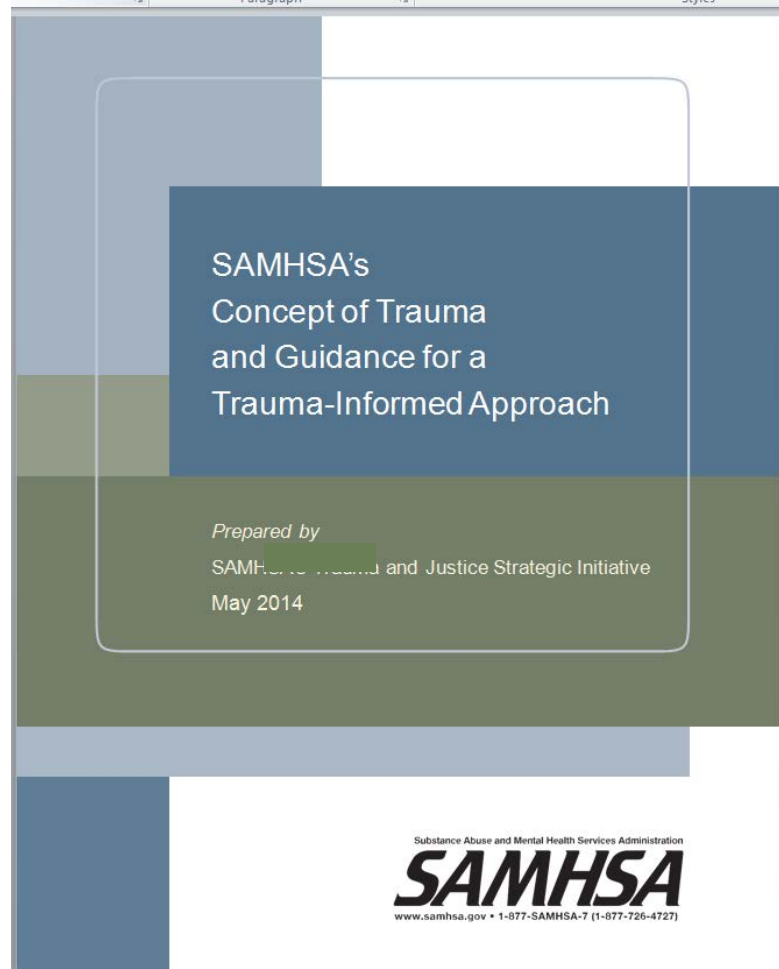
- Training & TA Centers
- Grants; FOA language
- Convenings & Partnerships

SAMHSA's Trauma Measurement Strategy

- Develop and implement measures for population surveillance, client level data, facilities surveys and quality measures

SAMHSA's Concept of Trauma

Released October 2014



A Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system:

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

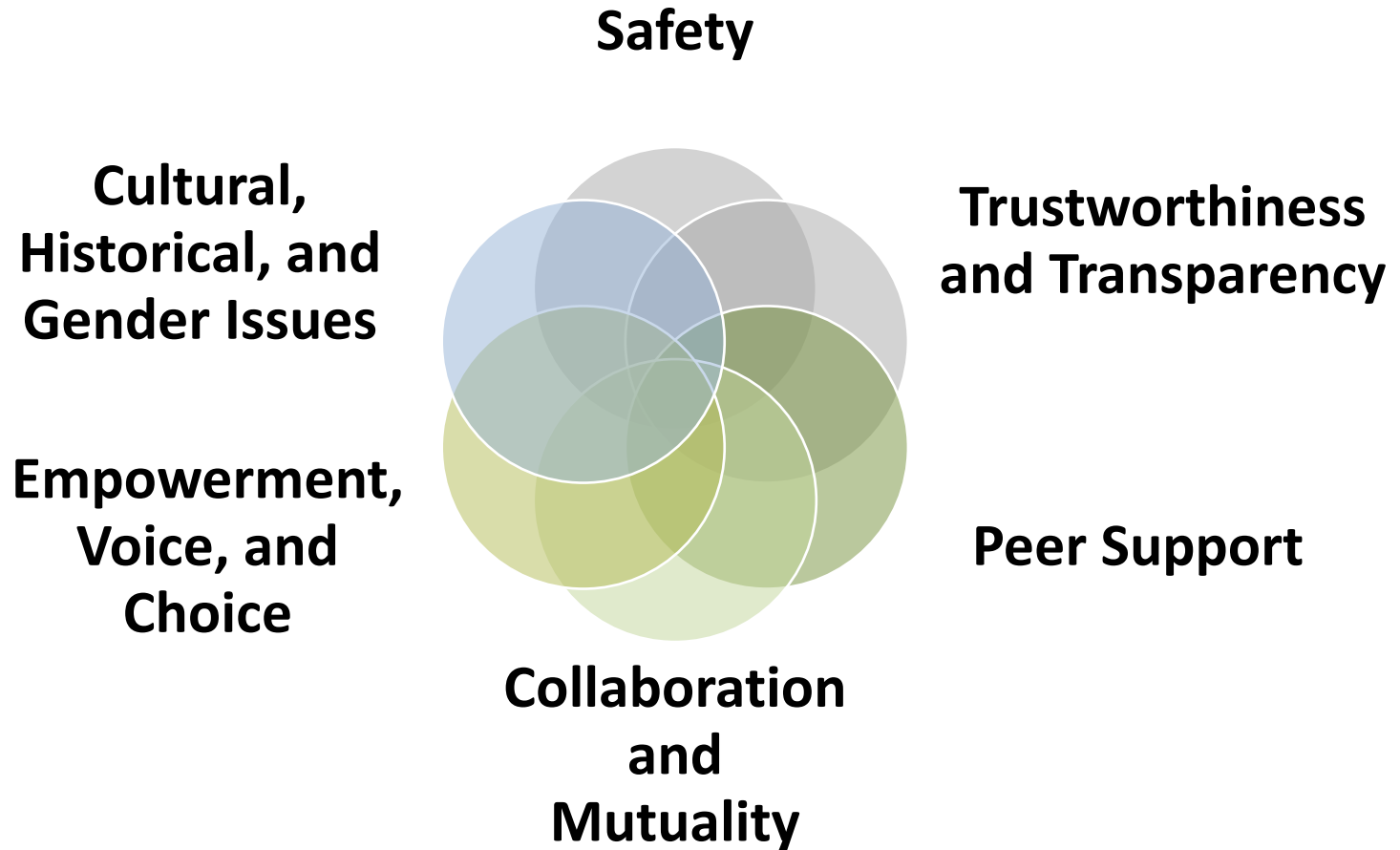
Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- Seeks to actively resist re-traumatization.

Key Principles of a Trauma-Informed Approach



Guidance Domains for a Trauma-Informed Approach

- ☐ Governance and leadership
- ☐ Policy
- ☐ Physical environment of the organization
- ☐ Engagement and involvement
- ☐ Cross sector collaboration
- ☐ Screening, assessment, and interventions
- ☐ Training and workforce development
- ☐ Progress Monitoring and Quality assurance
- ☐ Financing
- ☐ Evaluation

Building Federal/Foundation Partnerships to Elevate a Focus on Child Trauma

Tri Directors Letter:

CMS, SAMHSA, ACYF

*ASFR: Child Trauma
HHS Priority Goal*
(CMS, SAMHSA, ACYF)

Title IVE Waivers,
(ACF)

Health Homes,
Centers for
Medicare &
Medicaid
Services (CMS)

*Defending Childhood
Initiative,* AG & Office
of Juvenile Justice
Delinquency Prevention
(DOJ)

IACP: Guidance re
Children of Arrested
Parents; Officer
Wellness

*Human
Services
Trauma
Primer* ASPE/
HHS
*Home Visiting-
HRSA*

*White House &
Dept. of Education*
Trauma and Schools;
Supportive Discipline &
Chronic Absenteeism
USDA: WIC, 4H

MacArthur Found.:
Guidance for TI
Juvenile Justice
Diversion.
RWJF: Trauma &
Primary Care

Translating Research and Practice Evidence to Policy & Program

Federal Partners: CMS, SAMHSA (ACYF)

- Elevate a focus on child trauma
- Tri-Director's letter on complex trauma
- CMS, Administration on Children, Youth and Families, SAMHSA – to State counterparts
- Learn each other's mechanisms and policy vehicles

Two States Propose Trauma as Chronic Condition for CMS' Health Homes

- Had Existing Health Home State Plan Amendment
- CMS consulting role to states re health homes
- SAMHSA consulting role to states when behavioral health involved in health home

SAMHSA Partnered with National Child Traumatic Stress Network

- Engaged the NCTSN Complex Trauma Workgroup
- Developed definitions, guidance for eligible 2703 chronic condition, screening & assessment tools
- FAQs

New York, SAMHSA, NCTSI Complex Trauma Experts

- Developed a process to implement Complex Trauma as a single qualifying condition within the NY Health Home Serving Children model. (e.g. screeners, assessment, eligibility determination, workflow, etc.)

Policy and Payment



- New York State: Health Home for Complex Trauma in Children
- Complex Trauma qualifies children to be placed in innovative Health Home model and provides detailed guidance on how a child is eligible
- Eligibility Criteria for Complex Trauma
 - Care managers are required to document eligibility for Health Homes that is based upon the outlined process and tools by including them in the care management record
 - New York State Complex Trauma Final Eligibility Tools and Documents (Complex Trauma Exposure Screen; Complex Trauma Eligibility Determination Form, etc.)

NYS Health Home Workflow – Scenario #1

SCENARIO #1: Complex Trauma (CT) Health Home Referral Workflow

Referral Phase

Need Identified by
Non-Licensed
Professional or
Licensed Professional
w/o access to tools

Complete CT
Exposure Screen
Form

Positive Screen

Make Referral**

Referrer Sends
Documentation:
Cover Sheet, CT
Exposure Screen,
Consent, and other/
additional
background
information or
supporting materials

**Make referral in
MAPP if have
access. If no access
to MAPP, contact
LDSS, LGU, HH,
MCP, or CMA to
make referral in
MAPP

MAPP Refers to HH

Referral Assignment and Assessment Phase

Health Home assigns
Care Management
(CM) Agency

Licensed Professional-
Complete CT Exposure
Assessment Form (builds
from Complex Trauma
Exposure Screen)

Positive

Licensed Professional
Complete Functional
Impairment Assessment:
Must use at least 1
NCTSN approved
instrument- should also
include all available
information (e.g. other
recent and valid
assessments, youth
interview, review of
records, and collateral
sources).

This step may occur
simultaneous to, or in close
proximity to, the CT Exposure
Assessment if clinically
appropriate. See NYS DOH
"Guidelines on Complex
Trauma Assessment Process:
Excerpted from the NCTSN CT
Assessment Guidelines"¹ and
the NCTSN CT Assessment
webpages² for guidance on
best practice in CT
Assessment. Avoid redundant
assessments.

Licensed assessor-
link exposure to
functional
impairment

Has the discretion to choose
from NCTSN approved
measures when assessing
impairment

Eligibility and Enrollment Phase

Licensed professional
completes CT eligibility
determination form

Positive Determination
= Exposure +
Impairment + Link
between exposure and
impairment

Assigned HH CM
Assess HH
Appropriateness

Eligible

Enroll Child in HH

Use assessments,
supporting
documentation to
create Plan of Care

Oregon Standards of Practice for TIC

- Oregon has developed a set of standards of practice for trauma-informed care (TIC) and are in alignment with SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- Intended to help organizations communicate to their constituencies how and to what extent they are working to build TIC within their program, clinic, organization, etc.



Oregon Standards of Practice for TIC: Health Care Settings

Trauma Informed Oregon
August 2016

STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE – HEALTHCARE SETTINGS

I. Organizational Commitment and Endorsement. Clinic leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly.

1= we haven't started yet 2= we've done a little 3= we've done quite a bit 4= we're stellar!

Ia. Leadership (including administration and governance) has received information/training on trauma and trauma informed care. <i>Describe the process.</i>	1 2 3 4
Ib. Trauma Informed Care appears as a core principle in clinic policies, statement, strategic plan, written program/service information. <i>Describe or provide examples:</i>	
Ic. Individuals with lived experience in your service system have leaders at the clinic. <i>What roles?</i>	

Trauma Informed Oregon
August 2016

III. Workforce Development. Human Resource policies and practices reflect a commitment to trauma informed care for staff and the population served.

1= we haven't started yet 2= we've done a little 3= we've done quite a bit 4= we're stellar!

Training IIIa. Employees have received core training in trauma informed care. Check the content that staff has had: A= all staff; M= management/admin; DS= direct service staff. <ul style="list-style-type: none"> o The Adverse Childhood Experiences study ____ o The prevalence and impact of trauma on individuals in our agency ____ o The neurobiology of trauma ____ o Issues of power and oppression related to the experience of trauma ____ o Historical oppression; intergenerational trauma ____ o Principles and implementation of Trauma Informed Care ____ o The role and benefits of peer support services ____ o Trauma in the workforce; secondary trauma ____ <p><i>If you provide (or make available) more in-depth training, please describe.</i></p> <p><i>Other trauma-related training regularly offered/required (including on trauma specific services)?</i></p>	1 2 3 4
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TIC in Primary Care: Benefits for Patients and Providers

- For health providers: (how it makes PCP role easier!)
 - better understand how traumatic experience contribute to health conditions
 - Frustration with high need patients
 - Better treatment planning
- For patients:
 - Understand connection between experience of trauma and current health issues
 - Better engagement in care
 - Better coping mechanisms
- For all:
 - Patient –provider relationship more collaborative, compassionate
 - Patient – clinic relationship more supportive

Health Consequences of Violence, Abuse, Neglect and Other Traumatic Experiences: *SAMHSA's Toolkit for Primary Care*

**An Invitation
and
Introduction
to Trauma-
Informed
Primary Care**
(Infographic)

**Trauma-
Informed
Principles in
Practice**
(Practice Tip
Sheet)

**Identifying
and
Responding to
Recent and
Past Trauma**
(Decision Aid)

**Developing
Trauma-
Informed
Primary Care
Settings**
(Implementation
Guide)



AN INVITATION AND INTRODUCTION TO TRAUMA-INFORMED PRIMARY CARE

How traumatic experiences affect patients, practitioners and staff

Why Are These Issues Important to Primary Care Providers?

Violence, neglect and other traumatic experiences have profound implications for the health and wellbeing of both patients and practitioners in primary care settings. These events are more prevalent than you might think. As a primary care provider, you have the opportunity to help people address issues affecting their health and wellness. This toolkit provides information on the prevalence of traumatic events, their impact on your patients and your practice, and how you can help build and support resilience.

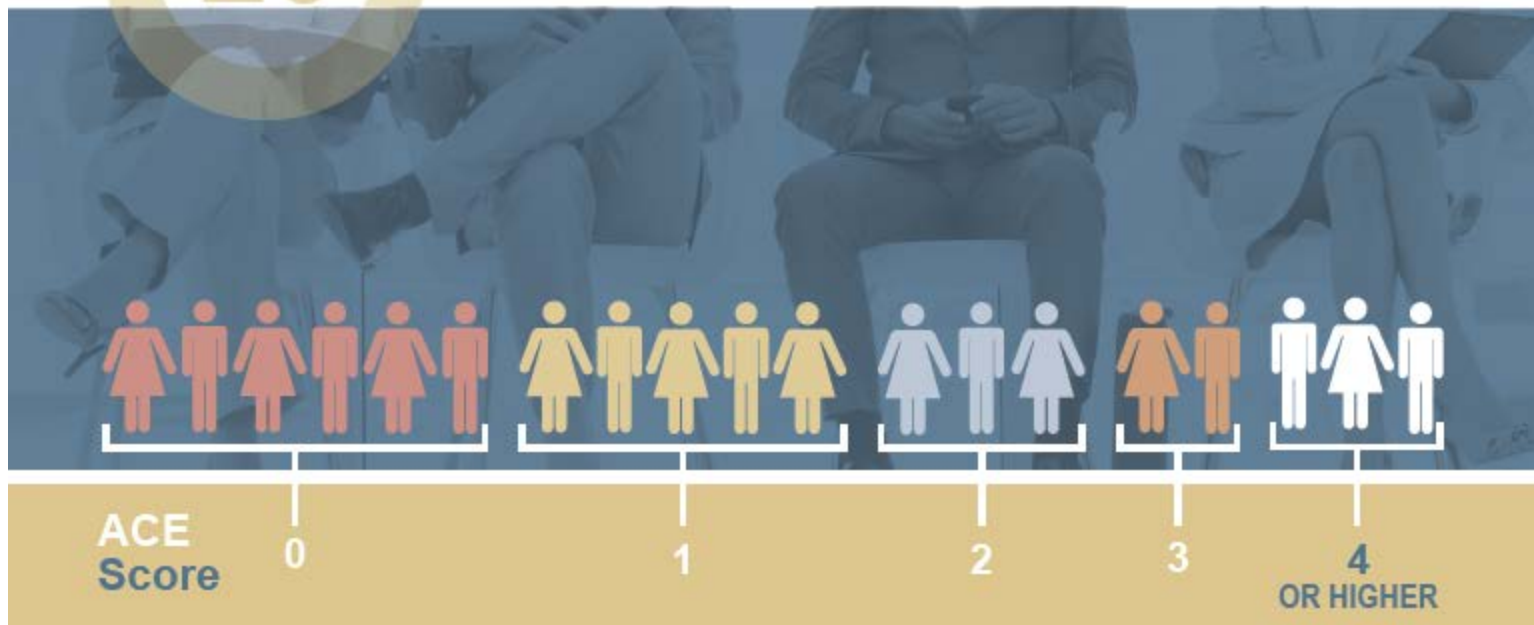
Prevalence of Violence and Trauma in Adults

Many of the patients you see every day have experienced violence, abuse, neglect or other traumatic events.

Among adults, 90% have experienced a traumatic event, 30% have experienced six or more.¹

20

In the ACE study population, 20 patients in a primary care waiting room would be expected to have the following ACE scores:

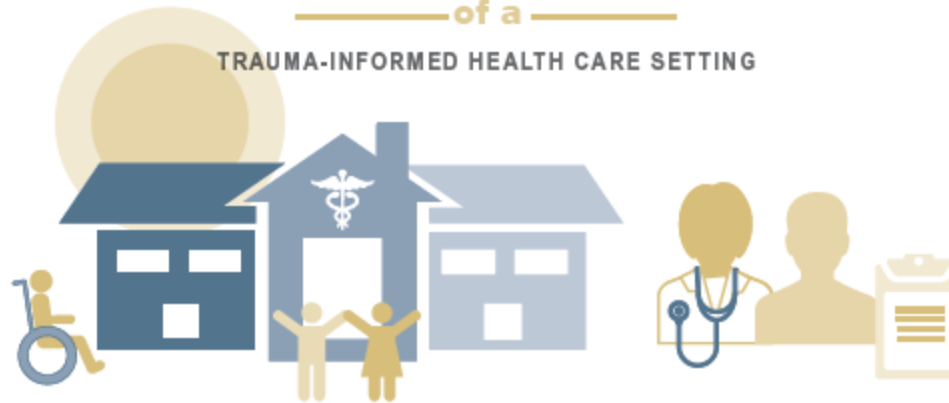


People in YOUR waiting room may have even higher ACE scores if your community faces significant challenges like high levels of poverty or community violence.

SAMHSA'S 6 PRINCIPLES

of a

TRAUMA-INFORMED HEALTH CARE SETTING



SAFETY

Ensures physical and emotional safety of patients and staff.

TRUSTWORTHINESS

Fosters open sharing of information among patients and staff.

EMPOWERMENT

Promotes opportunities for growth and self-management.

COLLABORATION

Supports team problem-solving and shared decision-making.

PEER SUPPORT

Embraces mutual support and patient-led education and outreach.

HISTORY, GENDER, CULTURE

Offers gender-specific and culturally relevant treatment.



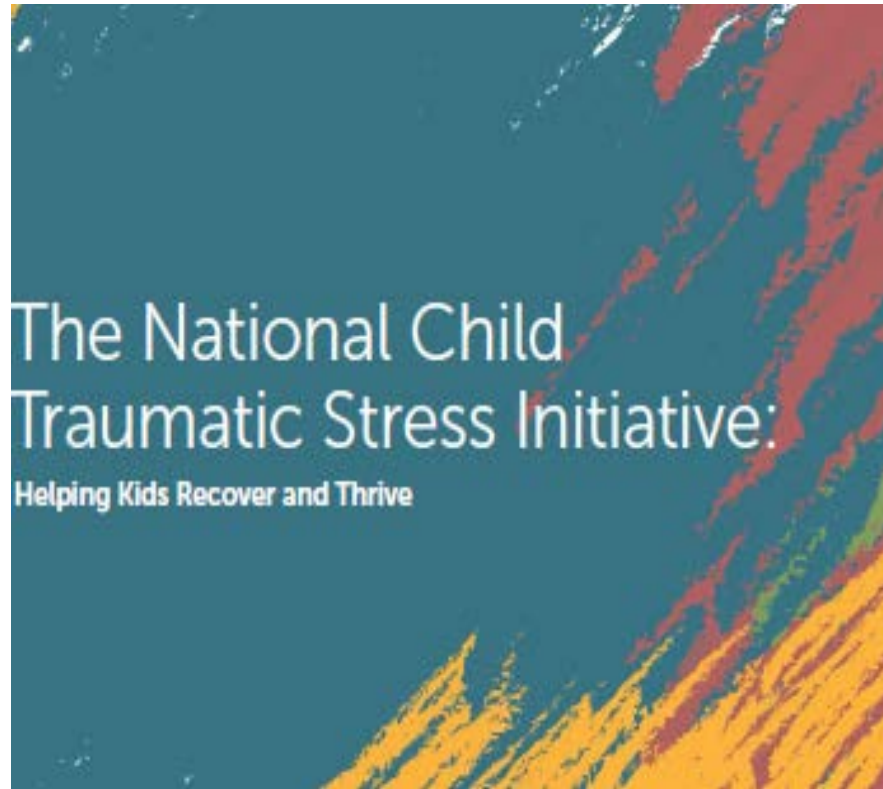
Knowing about trauma can help you better understand your patients and the people you work with. It can also change the way you practice medicine.



Implementing TIC in Pediatric Primary Care - 4 R's

- Realize:
 - % of children in PC with traumatic exposures
 - Medical care can be invasive, traumatizing experience
 - Recurrent care can trigger trauma reactions
- Recognize:
 - understand the potential role of early life adversity in etiology of mental and physical health problems; PCPs better prepared to screen and intervene to address the consequences of trauma;
 - impact on primary care providers: importance that pediatric professionals place on protecting children may make them particularly vulnerable to being traumatized by a child's suffering.
- Respond:
 - addressing **distress** and providing **emotional support** for the **family**, encouraging family coping resources, and providing anticipatory guidance regarding recovery
- Resist Retraumatizing:
 - For Children: minimizing the potential for medical care to trigger or to serve as traumatic events,
 - For Practitioners: Care providers are often responsible for conducting medical procedures that cause children to experience additional pain, discomfort, or fear; may lead to adverse outcomes including compassion fatigue

Funded SAMHSA Initiatives in Trauma-informed Pediatric Primary Care



- University of California, Los Angeles
- University of Utah and Primary Children's Center for Safe and Healthy Families
- John Hopkins University
- Childrens' Hospital of Philadelphia – Center for Pediatric Traumatic Stress

Center for Pediatric Traumatic Stress
Children's Hospital of Philadelphia & Dupont/ Nemours
Children's Health System

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Gaps in trauma-informed hospital, ED, & specialty care for children

11% of hospitals offering pediatric cancer treatment
provide evidence-based psychosocial services

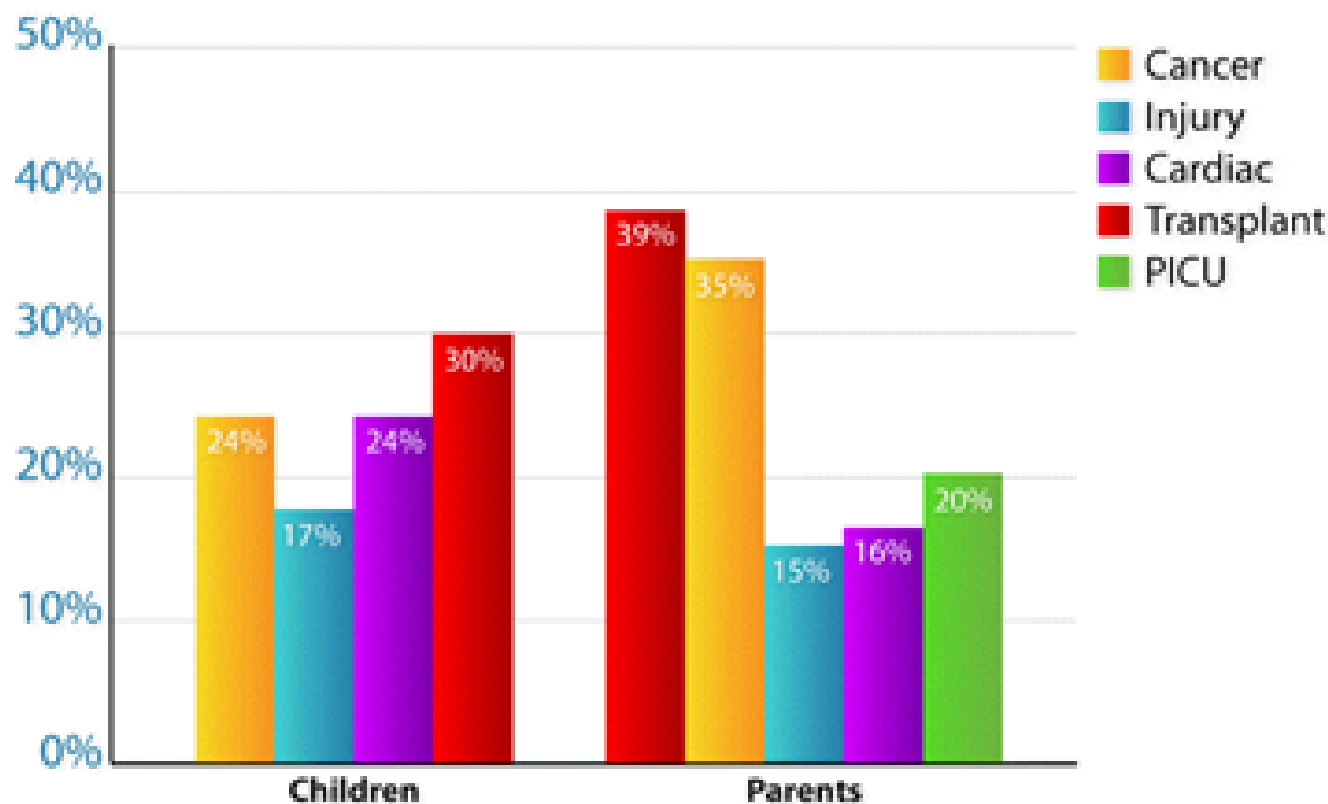
20% of Level I trauma centers that serve children
provide traumatic stress screening or
intervention

50% of EDs have a family-centered care policy

93% of ED staff express interest in trauma-informed
care training

Distinct needs of ill & injured children: Medical trauma & its longer-term impact

Percent of children & parents with significant
traumatic stress symptoms after medical events



Distinct needs of ill & injured children: Medical trauma & its impact

"I thought I was going to die. I thought I must really be hurt. I was so scared because my mom was not there."



"It all happened so quickly. I was 'out of it' and in pain. I was given the first chemo treatment without being told what was going on – that upset me for a long time."



"I feel like life will NEVER be the same. I don't know if our family can get through this."

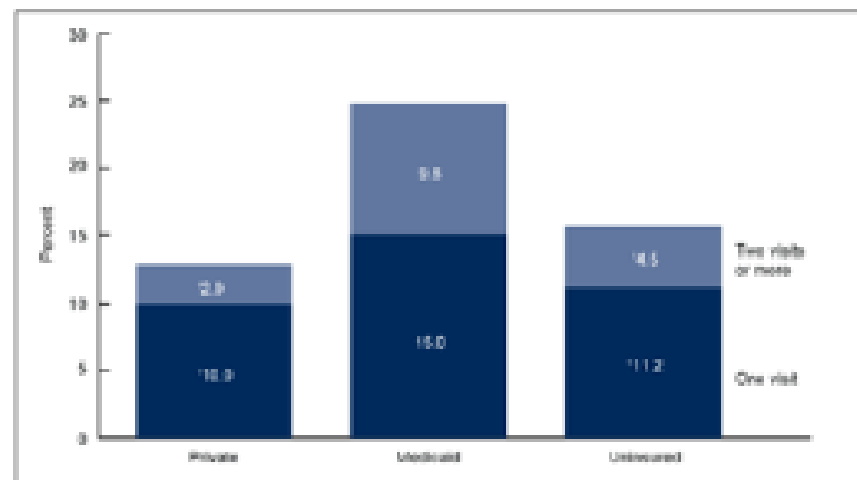


> 80% of kids & parents report acute posttraumatic stress (PTS) reactions in 1st month after an acute medical event.

Health disparities

impact trauma-informed care & risk factors for medical trauma

Figure 1. Children aged 0–17 years with at least one emergency room visit in the past 12 months, by health insurance coverage status: United States, 2012



[§]Significantly different from children with Medicaid.

SOURCE: CDC/NCHS, National Health Interview Survey, 2012.

Children at ED - abdominal pain

- Black children less likely to receive pain meds, even for severe pain ratings
- Black & Latino children more likely to spend > 6 hours in the ED

Children in hospital for surgery

Families with limited English:

- Child's pain assessed less frequently
- Child experiences greater pain before receiving pain meds
- Lack of language interpretation services makes a difference

CPTS wide reach:
HealthCareToolbox.org website



HEALTH CARE TOOLBOX

Your guide to helping children and families cope with illness and injury

- Download patient handouts
- Find assessment tools
- Learn about interventions
- Understand patient perceptions
- Download provider resources

Basics of Trauma-Informed Care

What Providers Make a Difference

- What Problems Lead to Trauma
- What Problems Can We
- Cultural Considerations
- Research Considerations
- Goals and Resources
- Health Education Materials
- Self-care for Providers

What Happens, Happens

- And about trauma and recovery

What Happens, Happens

- What and what does the patient need now?

What Happens, Happens

- Change family structure and resources

What Providers Make a Difference

How often providers are experts in treating illness and injury. While some clinicians in the field of physical health (e.g., EMTs, nurses, therapists, social workers) may be trained to understand trauma, many are not.

What Providers Make a Difference



What Providers Make a Difference

What can you do? The relationship between trauma and health is a complex one. It is not a simple matter of "if you have trauma, you will have health problems." The relationship is more complex than that. It is a complex one. It is a complex one. It is a complex one.



HEALTH CARE TOOLBOX

Your guide to helping children and families cope with illness and injury

- Download patient handouts
- Find assessment tools
- Learn about interventions
- Understand patient perceptions
- Download provider resources

Patient education handouts (English & Spanish)

How to Assess Emotional Support

TRAUMATIC STRESS IN ALL INJURED CHILDREN

What does the child need now?

- Parents: What helps you deal with what happened?
- Child: What helps you feel better when you are upset/afraid?

Who is available to help the child?

- Significantly understand the diagnosis or treatment?
- Can they do with their self-healing processes?
- Can they help reintroduce their child?

What are the barriers to maintaining parent support?

Financially, emotionally, safety, time, the stress to help?

DEF protocol tools

Healthcare Providers' Guide to Traumatic Stress in All Injured Children

--INTRO THE HELL, CONSIDER THE DEF--

D	ISTRESS	<ul style="list-style-type: none"> • Name and change pain • Ask about fears and worries • Consider grief and loss
E	MOTIONAL SUPPORT	<ul style="list-style-type: none"> • Who and what does the patient need now? • Barriers to maintaining existing supports?
F	AMILY	<ul style="list-style-type: none"> • Name parents' or siblings and others' distress • Recognize family distress and resources • Address other needs beyond medical

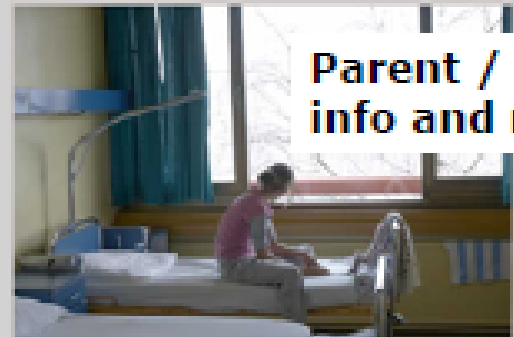
How to Help Distress

TRIED AND TRUE WAYS OF HELPING CHILD, THE DEF

- 1 Provide child with as much control as possible.**
 - Help the child understand what is happening
 - Allow the child to have a say in what self-management
- 2 Actively assess and limit the child's pain.**
 - Use your hospital's pain management protocol
 - Teach child and parent/teacher coping techniques
- 3 Provide accurate information, using basic words.**
 - Ask the child to repeat back explanations
 - Listen carefully and clarify misconceptions
- 4 Provide encouragement and realistic hopes.**
 - Describe what is being done to help the child feel better
 - Address the child's concerns or worries

• **How does the network respond to a change in the network?**

- Doesn't want to talk about his/her injury or illness?
- Tries to push injury or illness out of his/her mind?
- Not interested in usual activities, friends or family?



Parent / family info and resources

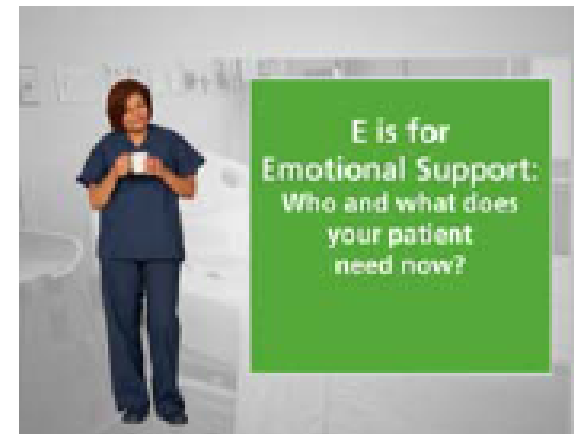
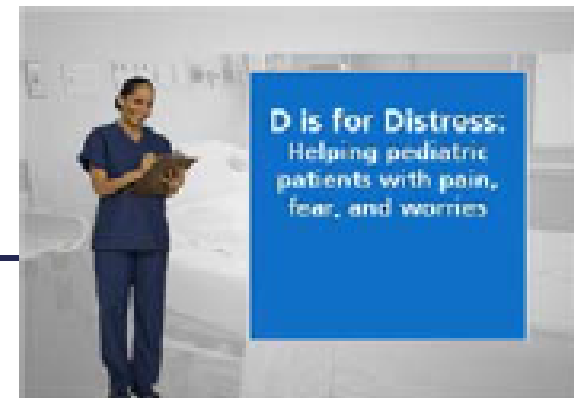
CPTS wide reach: Interactive online training

**FREE interactive online nursing CE at
HealthCareToolbox.org**

Reaches nurses nationwide

**The “how to” of implementing the DEF
protocol in the hospital and ED**

**Latest course:
Medical Traumatic Stress & Child Welfare**



American Academy of Pediatrics: Trauma Toolbox for Primary Care

4-Step Process to Addressing Trauma in Pediatric Care

- Why are we looking at trauma?
- What are we looking for?
- How do we find it?
- What do we do when find it?

AAP – “A Quality Improvement” approach

(<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx>), resources for practitioners (e.g., addressing adverse childhood experiences in primary care, physician self-care) and families (e.g., how children respond to trauma and stress).

Over **one million** health professionals
trained

NCTSN.ORG had 1.4M visits last year

210 resources, downloaded more than
50,000 times a year, with more than 2,000
visits per day

Learning Center that provides access to over
175 expert webinars

Online training in evidence-based trauma
interventions, one of which has enrolled
more than 100,000 learners

