

# Real-world strategies: Assessing for ACEs and brief interventions in an integrated care environment

Andrew Philip, PhD  
Deputy Director  
SAMHSA-HRSA Center for Integrated Health Solutions  
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# SAMHSA-HRSA Center for Integrated Health Solutions

## 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 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 through the contract task order HHSS283201200031I/HHSS28342001T, Ref No. 283-12-3101.

# Moderators



Andrew Philip, PhD, Deputy Director, CIHS









Katie Scott, Associate

# Before we begin

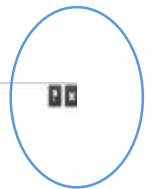
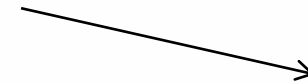
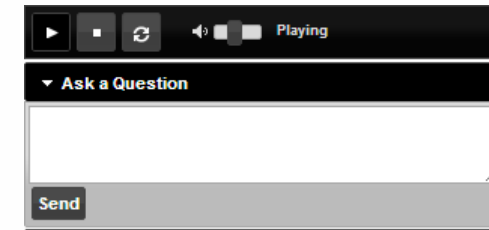
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Browser	 <b>Passed</b>	<b>Google Chrome 33</b> Your browser is ready to go!
Bandwidth	 <b>Passed</b>	<b>Your connection speed is approximately: 4,513 Kbps</b> Your current bandwidth connection is ready to go!
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Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64; AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7   Google Chrome 33   BW: 4,513 Kbps   AFP v. 12.0.0   WMP v. Not installed or disabled   IP: 98.141.87.70   RSA: 173.228.128.167   Screen Res: 1920 x 1080   Compatibility Mode Enabled: NA   Cookies Enabled: Yes   <a href="#">Click here for the advanced system test</a> Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

# Before we begin

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# Learning Objectives

- Review the relevance of adverse childhood experiences in integrated care settings
- Learn best practices for brief assessment and intervention related to adverse childhood experiences relevant to integrated care settings
- Understand keys to implementation of screening and intervention for adverse childhood experiences, including leadership buy-in and culture change



# Today's Speakers



Linda Ligenza, LCSW  
Clinical Services Director  
National Council for  
Behavioral Health



Dennis Pusch, PhD, Rpsych  
Clinical Psychologist  
University of Calgary



Keith S. Dobson, Ph.D., R. Psych.  
Professor of Clinical Psychology  
Department of Psychology  
University of Calgary



# Why A Co-Sponsored Webinar On ACEs?

- CIHS and the Collaborative Family Healthcare Association (CFHA) share strong commitments to improving access to behavioral health care and in particular strengthening national efforts to integrate care.
- We are looking to move the conversation on ACEs to where providers and patients on the ground can benefit, namely, what can be done to help reduce the impact of ACEs.
- This is an ongoing conversation that includes you, the providers of care, given that the intervention research is still in its infancy. Therefore, this is an invitation to start the conversation.

# Collaborative Family Healthcare Association (CFHA)

- The CFHA promotes comprehensive and cost-effective models of healthcare delivery that integrate mind (behavioral health) and body (physical health), individual and family, patients, providers and communities. We call this integrated care. If you are a like-minded clinician, healthcare organization, payer, foundation, training program or state/governmental agency then CFHA is your community. We invite you to join the movement to make integrated care the standard of care for all.

CFHA WEBSITE  
<http://www.cfha.net>

INTEGRATED CARE NEWS  
<http://www.integratedcarenews.com>

# The embrACE Program: Treating adults with ACEs in primary care

**Keith S. Dobson, Ph.D.**

Department of Psychology  
University of Calgary

**Dennis Pusch, Ph.D.**

Southport Psychology  
Calgary, Alberta

# Acknowledgements

- Working in collaboration with colleagues from Alberta Health Services (AHS), and the Primary Care Networks within Calgary area
- Have a long-standing patient advisory group
- Sponsored by Norlien (Palix) Foundation



# The EmbrACE Research Program

- Project Purpose and Goals : To identify and treat adults with multiple ACEs in primary care settings.
- Four Phase Implementation
  - Phase 1: Develop and validate an ACEs measure
  - Phase 2: Large scale replication of the first ACEs study
    - The hunt for moderators and modifiers
  - Phase 3: Develop and test an intervention for people with high ACE scores in primary care
  - Phase 4: Test the intervention in an RCT

# ACEs as a Predictor of Health Problems

Research Article

## **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults**

### **The Adverse Childhood Experiences (ACE) Study**

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

- The largest study of its kind, that examined the health and social effects of adverse childhood experiences over time.
- Involved over 17,000 participants at Kaiser Permanente in California.
- Study conducted in 1998.



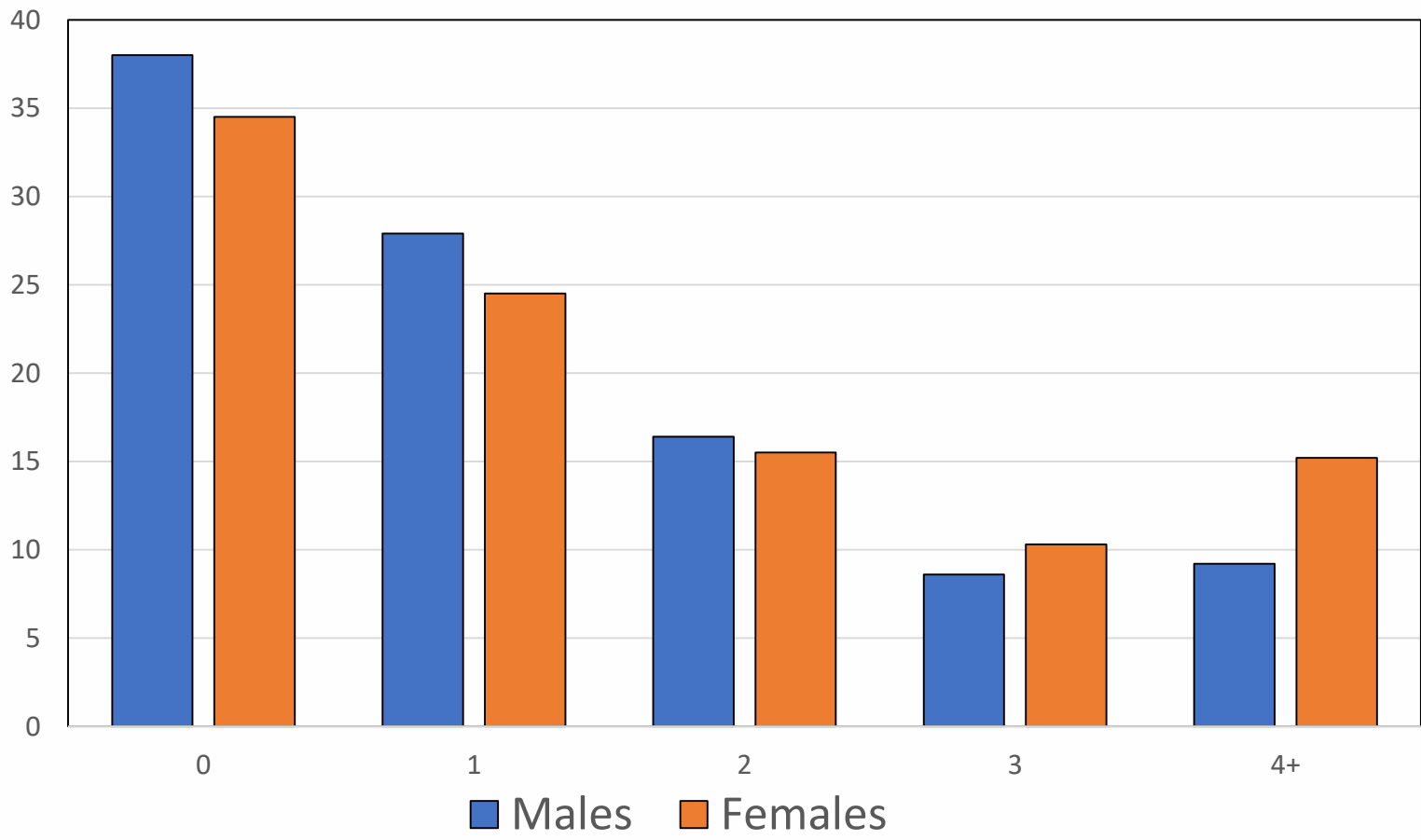
# What are ACEs?

- **Abuse**
  - Emotional: recurrent threats, humiliation (11%)
  - Physical: beating, not spanking (28%)
  - Contact sexual abuse (28% women; 16% men)
- **Neglect**
  - Physical (10%)
  - Emotional (15%)
- **Household Dysfunction**
  - Mother treated violently (13%)
  - Household member was drug or alcohol abuser (27%)
  - Household member was imprisoned (6%)
  - Household member with chronic mental illness (17%)
  - Not raised by both biological parents (23%)

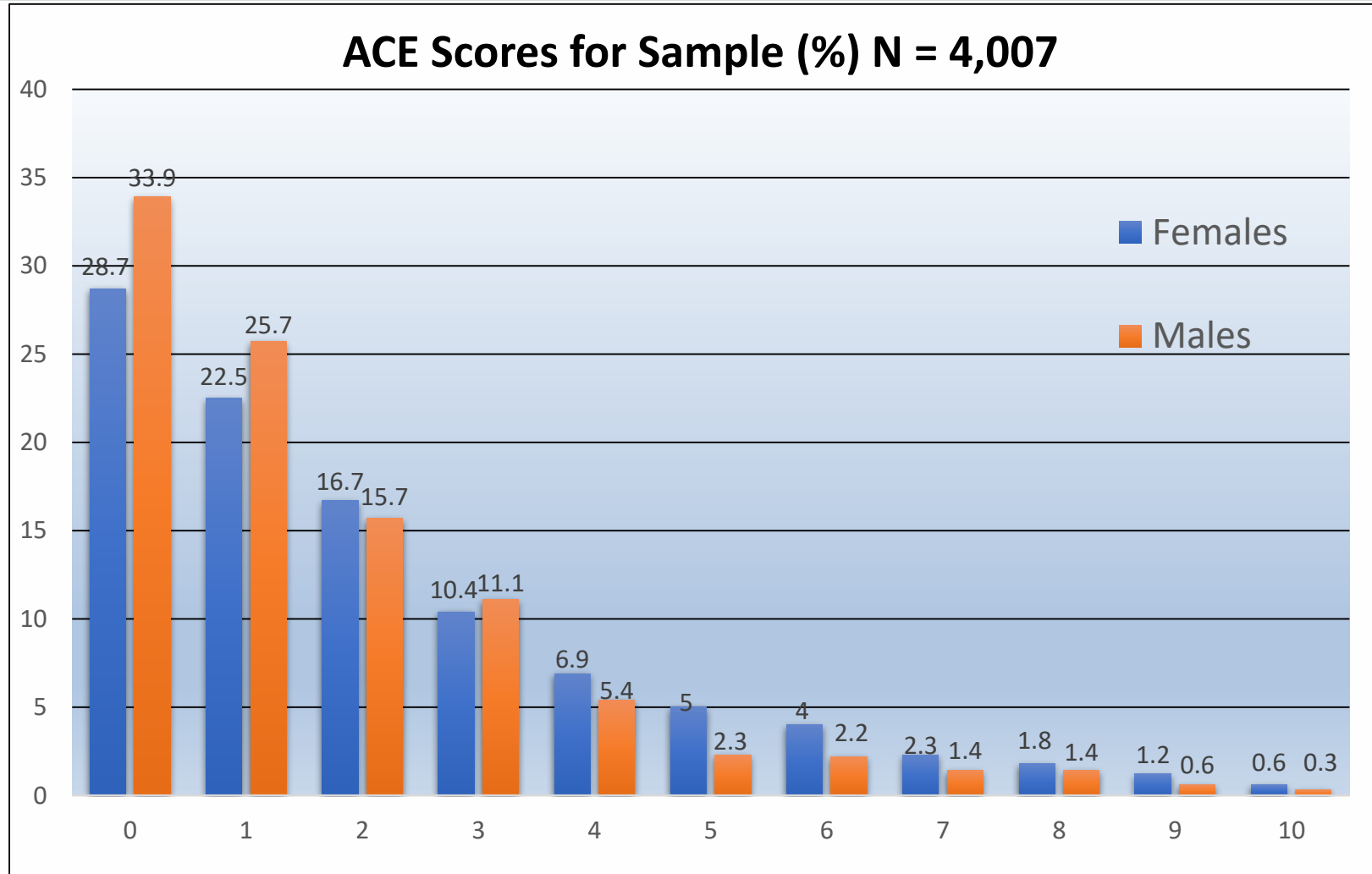
# Two Main Conclusions

1) ACEs are very common

# ACE Distribution (%) - Anda & Felitti, 1998



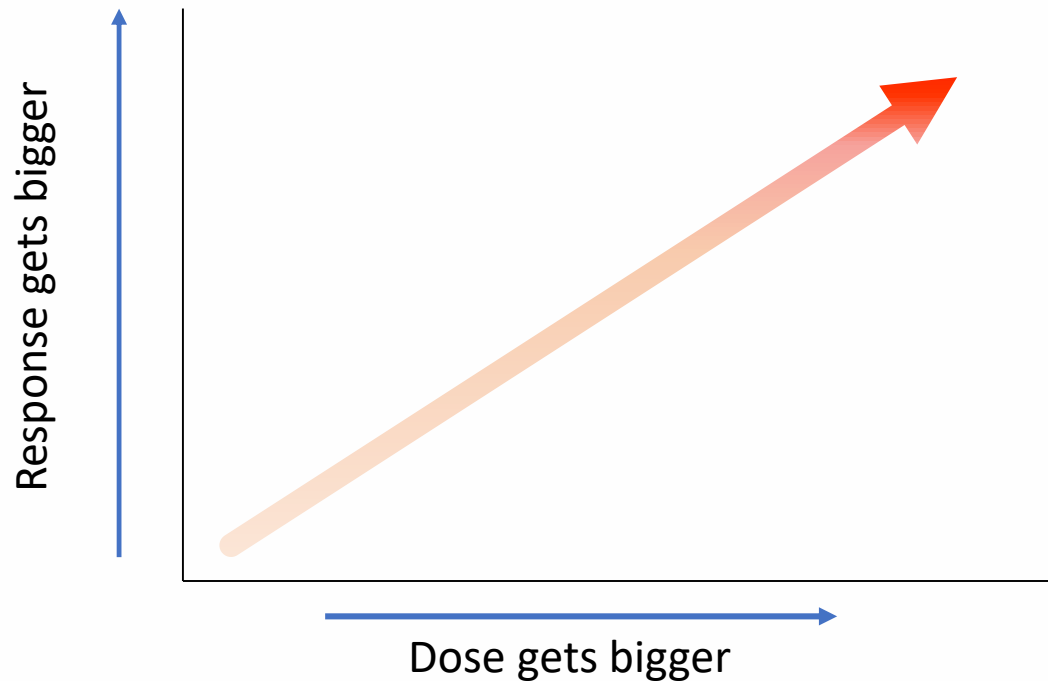
# EmbrACE Results (2017)



# Two Main Conclusions

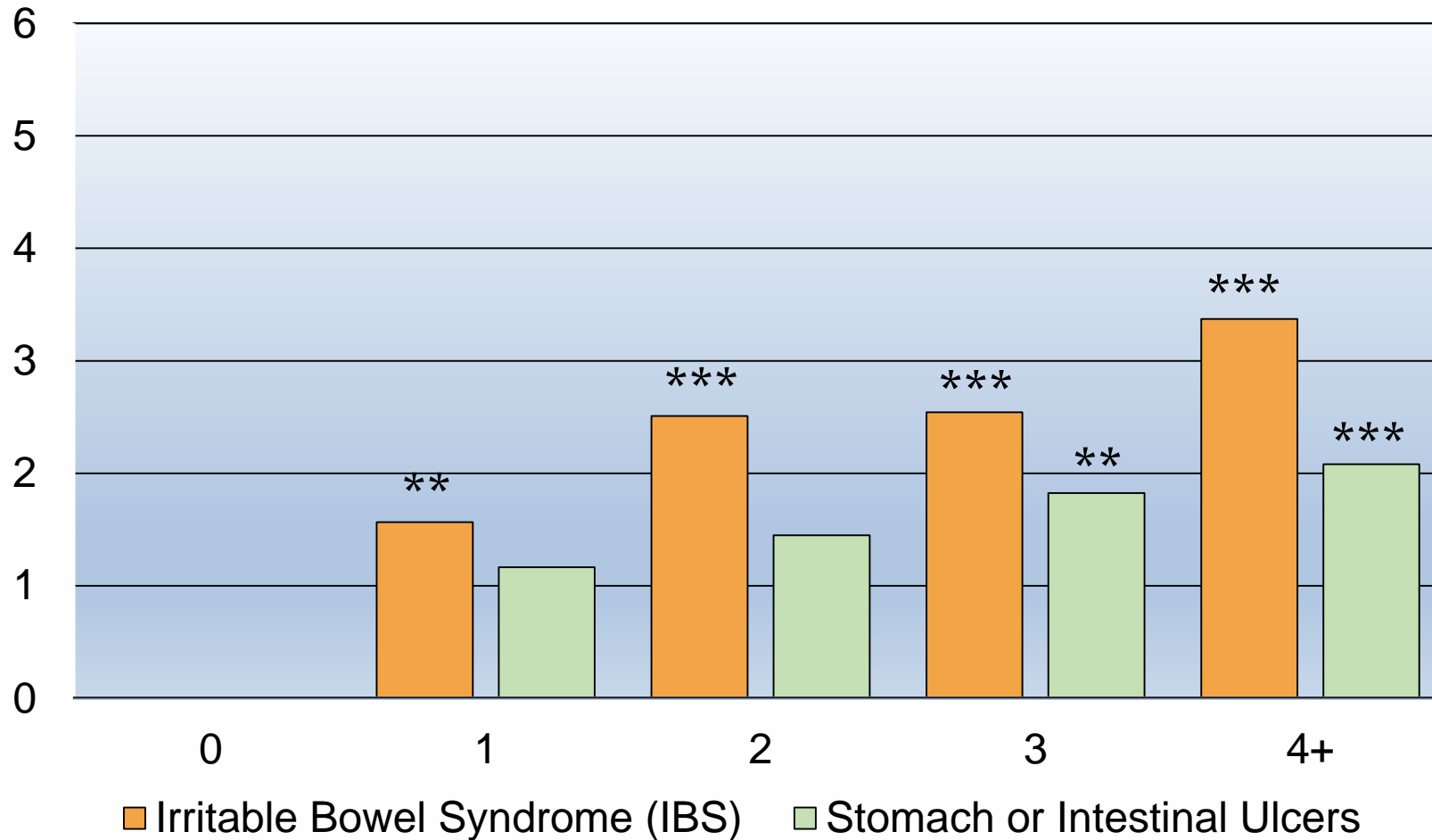
- 1) ACEs are very common
- 2) ACEs significantly increase the risk of having a large variety of physical and mental health problems later in life

# The Dose-Response Relationship



- The dose-response relationship leads to inferences about cause & effect.
- The “response”—in this case the occurrence of the health condition—is influenced directly by the size of the “dose”—in this case, the number of ACE categories.

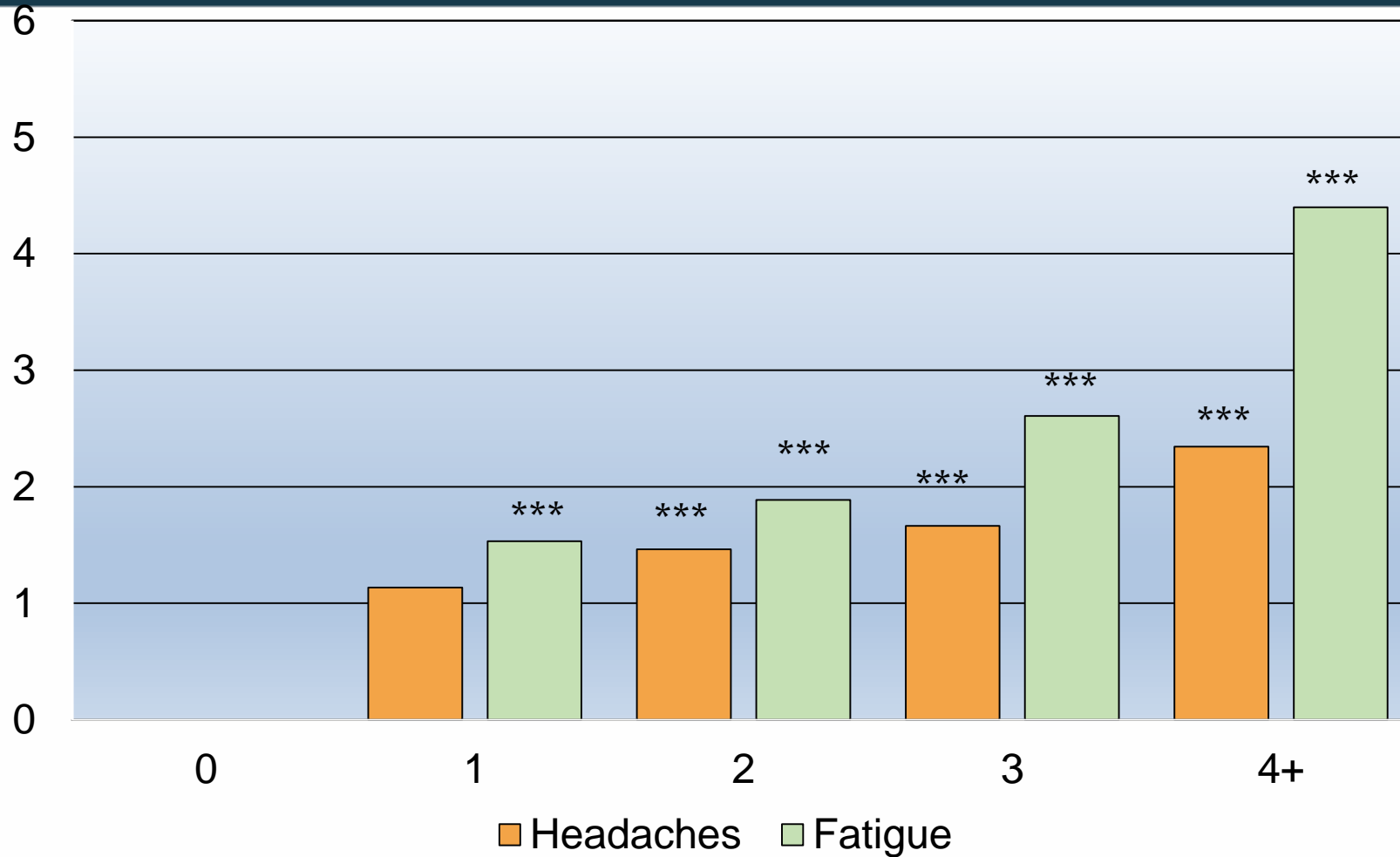
# ACEs and Gastro-Intestinal Problems



\* =  $p < .05$     \*\* =  $p < .01$     \*\*\* =  $p < .001$

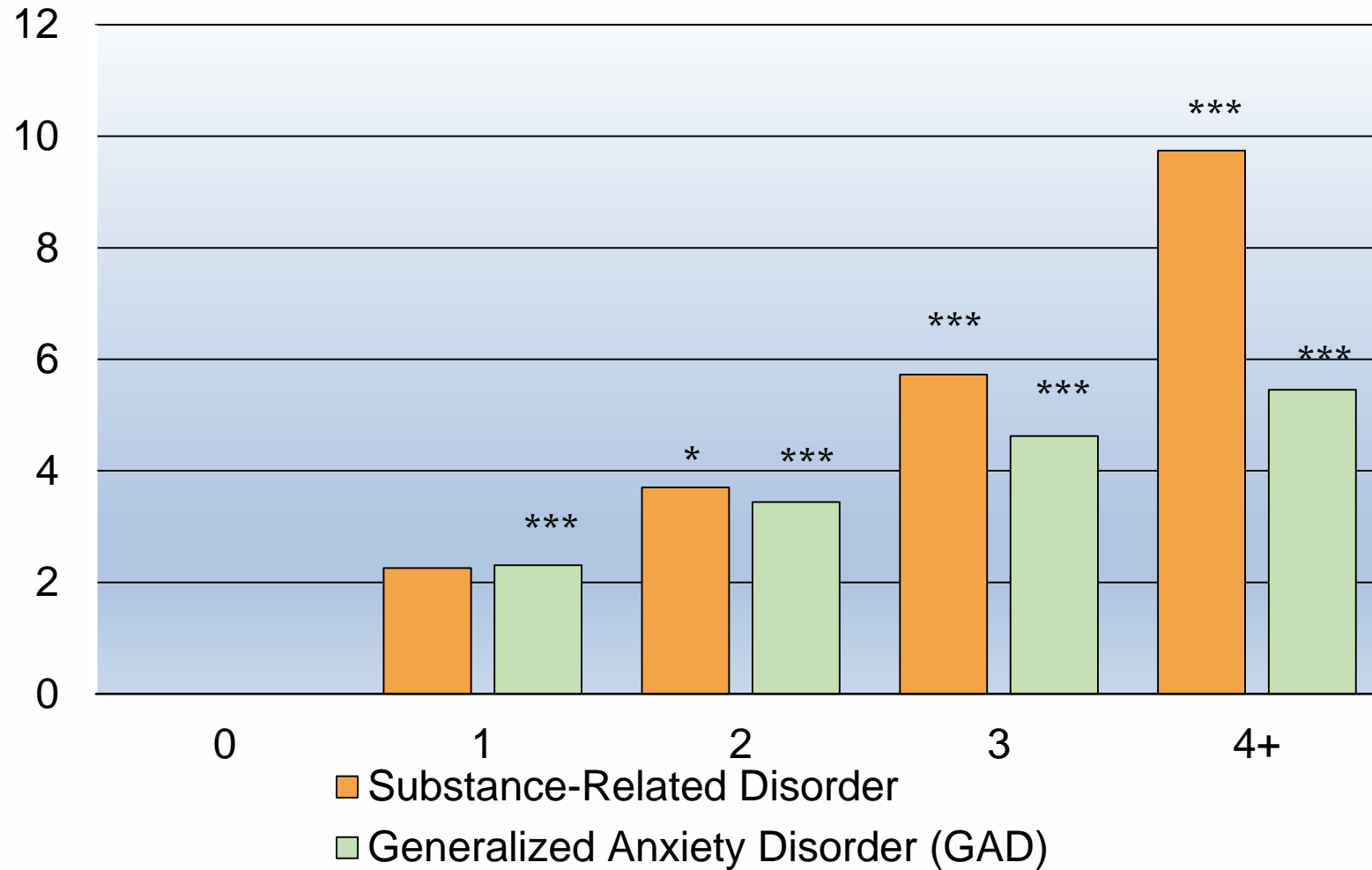


# ACEs and Frequent Headaches & Fatigue



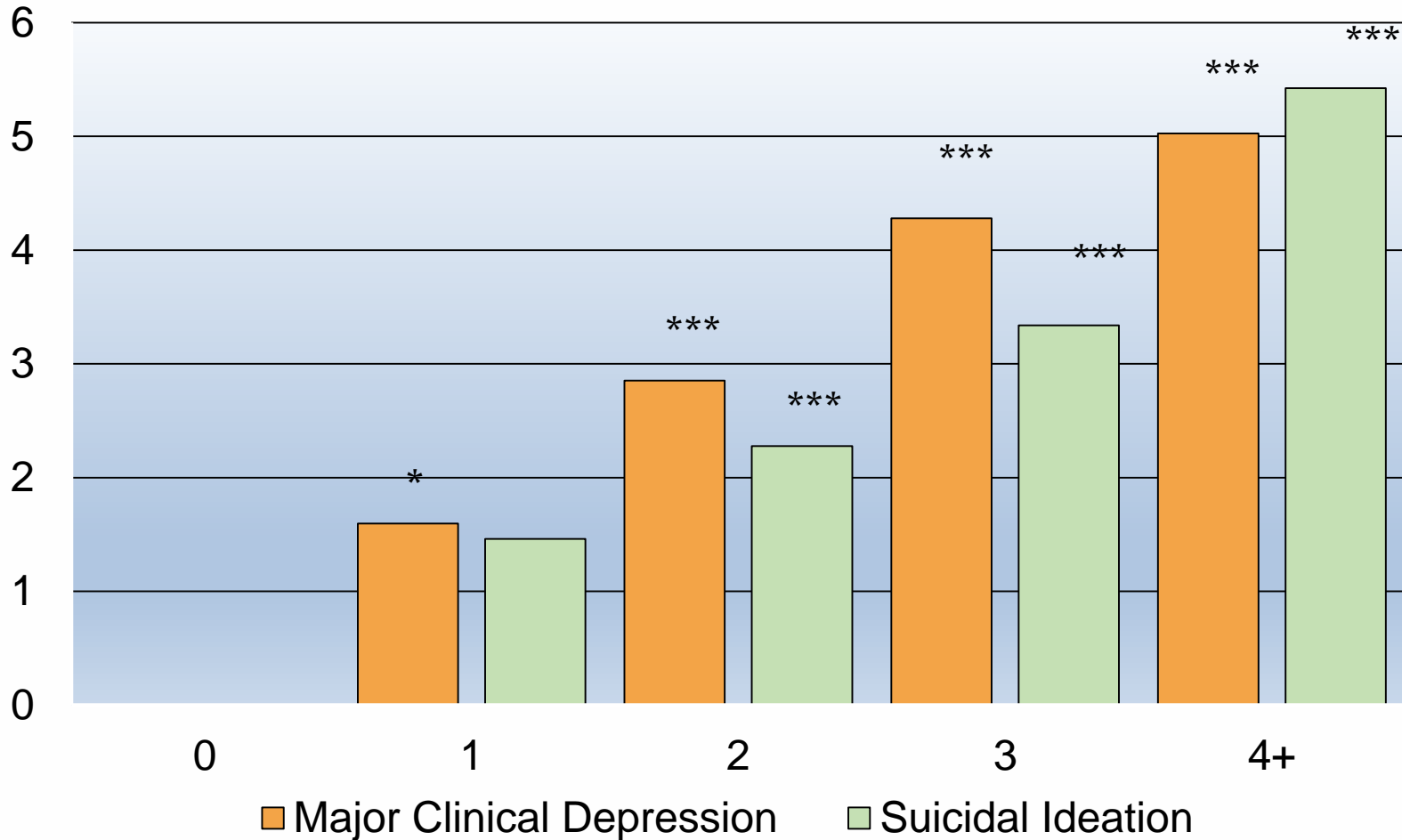
\* =  $p < .05$     \*\* =  $p < .01$     \*\*\* =  $p < .001$

# ACEs and Substance Abuse & GAD



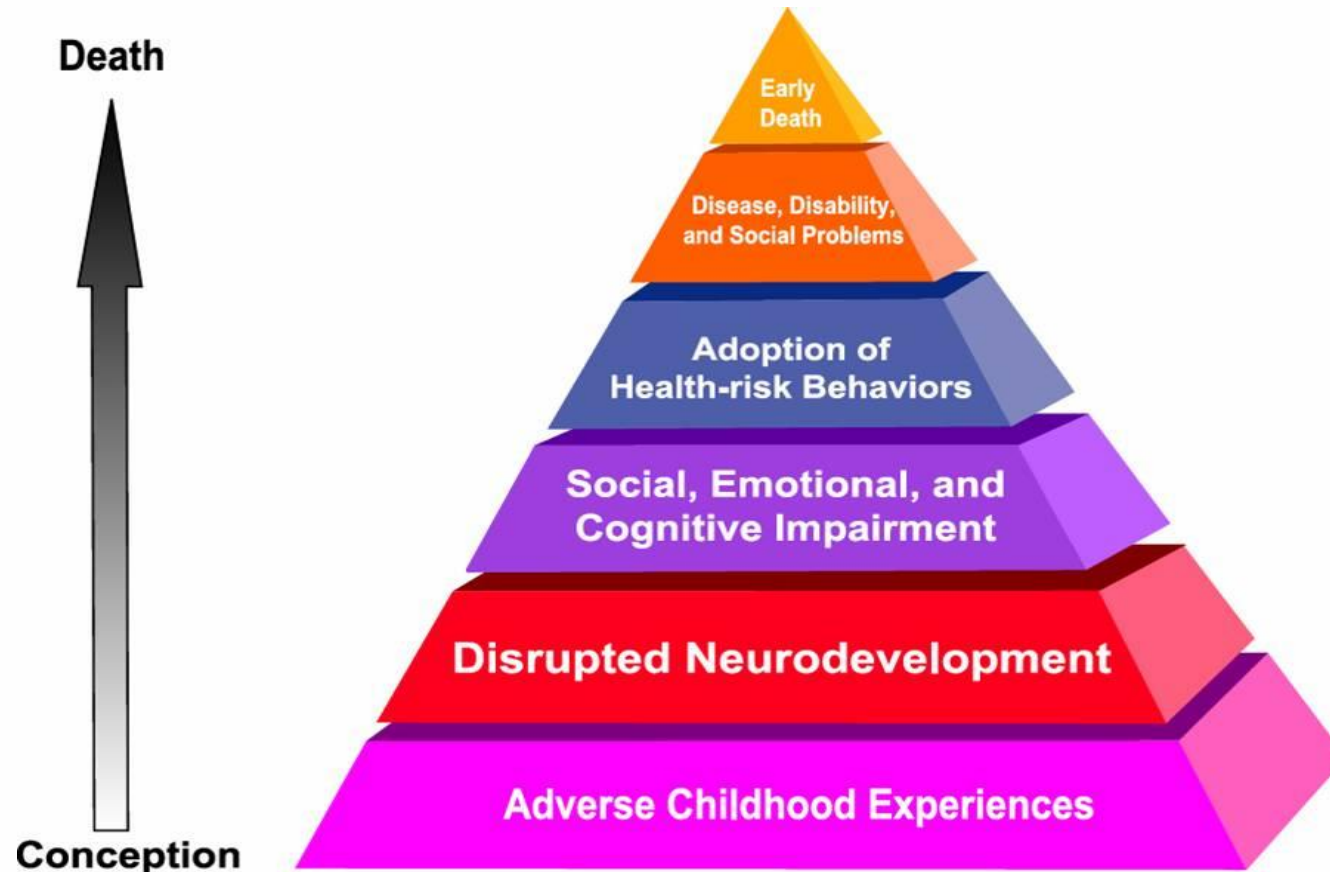
\* =  $p < .05$     \*\* =  $p < .01$     \*\*\* =  $p < .001$

# ACEs and Clinical Depression & Suicidal Ideation



\* =  $p < .05$     \*\* =  $p < .01$     \*\*\* =  $p < .001$

# Lifetime Effects



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

# ACEs and Healthcare Utilization

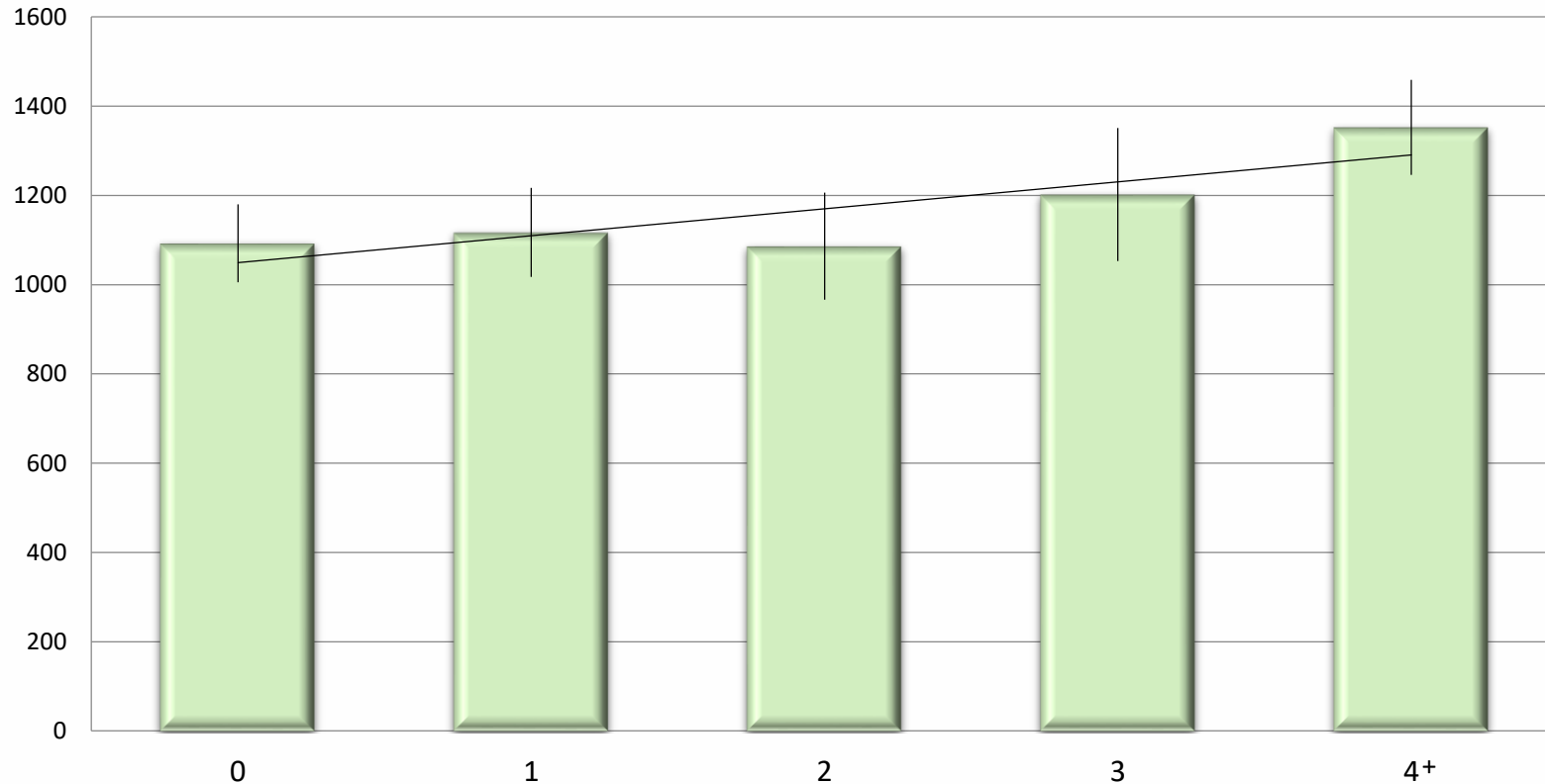


Graph showing the high cost of health care with USD bank notes a stethoscope and calculator.  
[Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/graph-showing-high-cost-health-care-377342047?src=RZEdPkbV38exWb-vSj8Dtw-1-1>.

# The Long-term Cost of ACEs

- Chronic Disease
  - 67% of all health care costs
  - \$219 billion in 2015 (11% of GDP)
  - Expenditure growth rate > Canadian economy
- Depression
  - \$51 billion annually in Canada
  - 2<sup>nd</sup> leading cause of global disease burden by 2020
- Addictions
  - \$40 billion annually (tobacco + alcohol + illegal drugs)
  - Doesn't include Rx drugs or behavioural addictions

# Avg. Total Health Care Costs by ACE Score



NOTE: An ACE history of 4+ is associated with about a 25% increase in health care costs, from \$1100 to \$1360/ person/ year.

About 20% of the population has an ACE score of 4+.

Source: Dobson, Pusch et al. (2017).



# Implications of ACEs

- We need to do something about chronic disease, depression, addictions, and their associated costs.
- If ACEs are a significant predictor of these health problems, we need to do something about the long term effects of ACEs.

# What Can We Really Do About ACEs?



Old Way, New Way written on a blackboard with arrows pointing in the direction of the past and the future. A concept for adapting to change, improvement and development for the self or the business . [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/old-way-new-written-on-blackboard-145613917?src=yZWEznjJ9Sq5R19V8EuznA-1-7>.

# Possible Approaches



- Screening alone isn't enough!
- **Primary prevention** (stop ACEs from happening)
  - Home visits for families with newborns
  - Parenting training programs; family wellness
  - Social justice; reducing incarceration rates
  - Social development; economic opportunity
- **Secondary prevention** (early help for people with ACEs)
  - Screen for people “at risk”
  - Offer treatment to increase resilience and reduce risk
- **Tertiary prevention** (treat the final condition that emerges)
  - Chronic disease support groups
  - Mental illness and substance abuse treatment

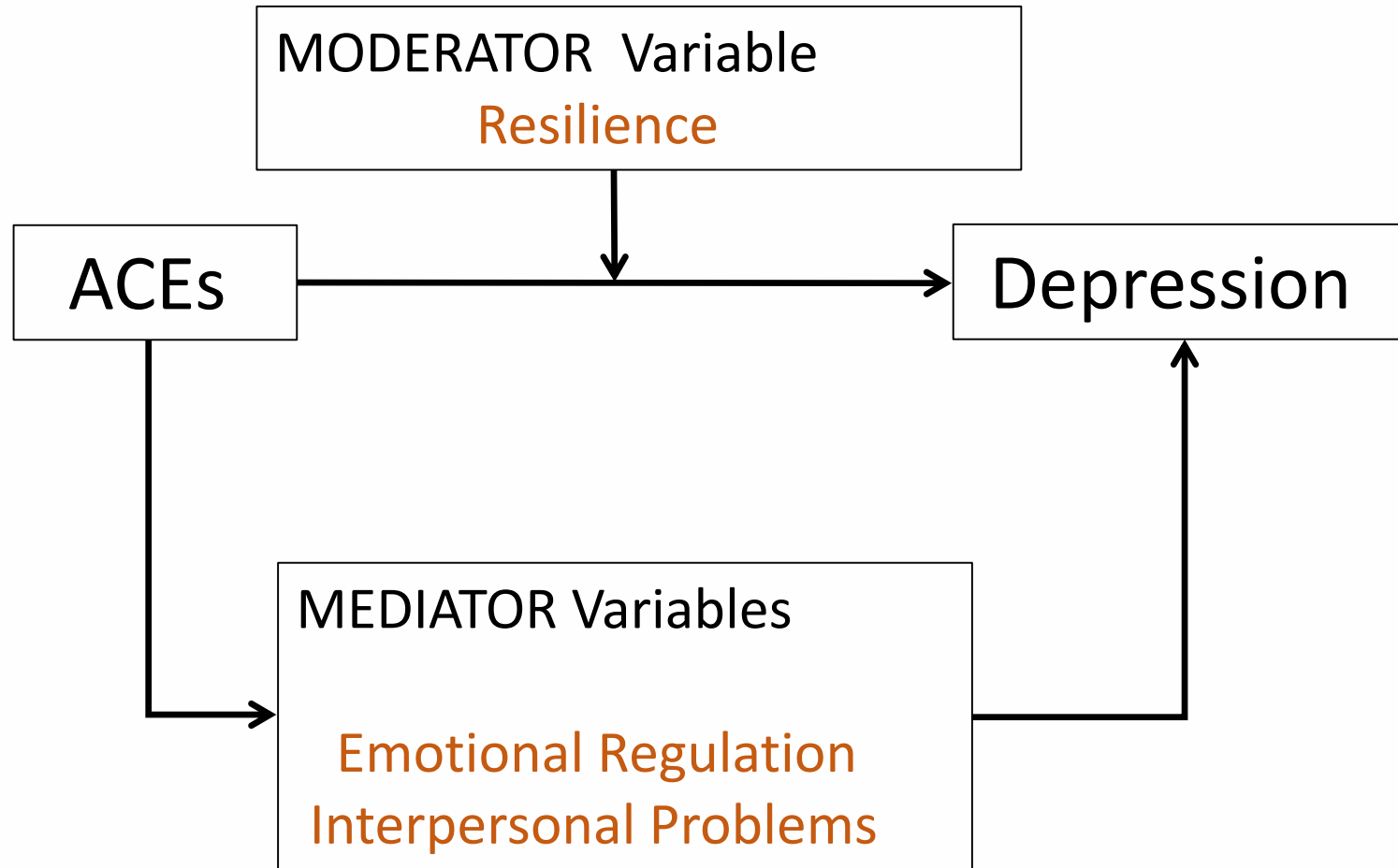
A pair of feet standing on a tarmac road with yellow arrow print pointing in three different directions for the concept of making decision at the crossroad. [Photo]. August 16, 2018. From: [https://www.shutterstock.com/image-photo/pair-feet-standing-on-tarmac-road-131772284?src=5TdJTaR\\_6W15IIZH3xmaew-1-7](https://www.shutterstock.com/image-photo/pair-feet-standing-on-tarmac-road-131772284?src=5TdJTaR_6W15IIZH3xmaew-1-7).

# An Exploration of Mediators and Moderators

- We know that ACEs predict depression in adulthood.
- Depression is also associated with a range of other poor health outcomes in adulthood.
- Mechanisms responsible for the association between ACEs and depression will likely apply to ACEs and other poor health outcomes in adulthood.



# An Exploration of Mediators and Moderators



# Results

- Our research helps to establish **emotion dysregulation** and **interpersonal problems** as mechanisms by which ACEs may be associated with anxiety and depression, and **resilience** as a buffer of these associations.
- All of these variables have been shown to be **modifiable** treatment targets.
- Treatment initiatives for ACE-related depression should address emotion dysregulation, interpersonal problems, and resilience as treatment targets.
- We are conducting analyses with other physical health conditions as criteria.

# Treatment Development Group

- Experienced mental health clinicians in primary care settings
  - Training and knowledge of developmental trauma factors
  - Experience in clinical work within primary care
- Met over the course of about a year to develop the treatment model
- Reviewed literature, clinical models, relevant factors
- Consultation with experts: Anda, Briere, Cloitre, Strosahl, Robinson
- Consensus and feedback!
  - ACEs-Alberta Research Group
  - Patient Advisory Group



Better Together Unity Community Teamwork Concept. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/better-together-unity-community-teamwork-concept-391048963?src=sQwyKKy23HxVY1FKumSq7w-1-9>.

# Key Principles of the embrACE Treatment

## Evidence-informed treatment

- Literature review of treatments for trauma revealed CBT, mindfulness based, expressive writing as most effective (Korotana, Dobson, Pusch, Josephson, 2016, *Clinical Psychology Review*)

## Trauma-informed process

Must be close to the point of care: Primary Care

## Multidisciplinary effort

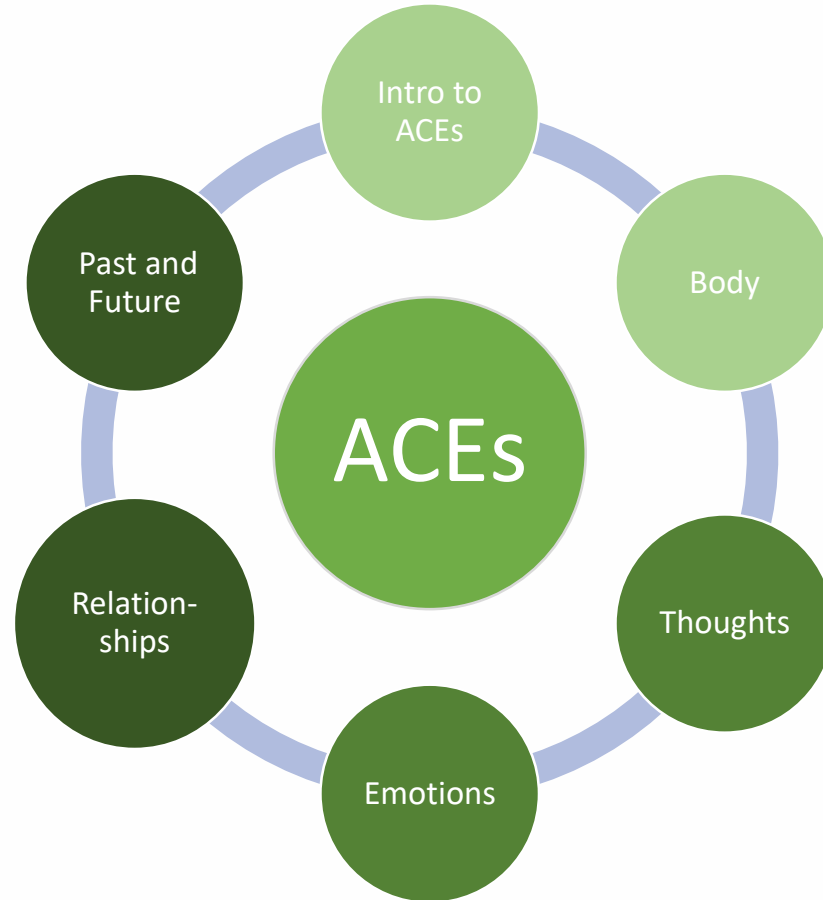
- “Layers of players” provides for a more integrated model of treatment, support and care



# Key Decisions in Developing the Treatment

- Individual vs. Group
- Skill building vs. Processing the Trauma
- Short-term vs. Long-term
- Stepped Care Approach

# The embrACE Program



- ✓ Initial ACE screening
- ✓ Meeting with GP and Clinician
- ✓ Inclusion/exclusion criteria
- ✓ Invited to join the skills-based group
- ✓ Follow up at 3 & 6 months to assess health outcomes

# Format of Each Meeting

1. Today's topic
2. Review of homework
3. Relaxation exercise
4. Skill building, discussion, practice
5. Check out and homework



Building blocks. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-illustration/building-blocks-82371565?src=sYlicf2EKvAQPGWSiAjnMQ-1-58>.

# Development of a Self-Care Plan

- Lists of all the skills taught in the 6 sessions
- Participants indicate their favourite skills
- Participants make a plan for using those skills in the future
- Participants share their plan with GP and/or clinician after the end of the group



*Retrieved from: [www.keepcalm-o-matic.co.uk](http://www.keepcalm-o-matic.co.uk)*

# embrACE Study – Phase 3

- Phase 3 - Open Trial
- Goal was to develop and provide “Proof of Concept” data for an ACEs-informed treatment for patients in primary care
- Inclusion criteria:
  - An ACE score of 3 or more
  - Age 18 or older
  - Physician referral
- Exclusion criteria:
  - Active addiction requiring rehab
  - Active psychosis
  - Personality factors judged to be disruptive to group participation

# Meeting 1: Introduction

*The Child is the Father of the Man*  
--William Wordsworth, 1802



Father and Newborn. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/father-newborn-33047098?src=iloVPXvqkDC4wc6kayrWbQ-1-35>.

# Meeting 1: Content



- Why are we here?
- Presentation: ACEs and You
- Relaxation exercise
- Review and practice
- Bull's eye exercise
- Introduction of self-care plan
- Check-out

Why we are here, message words on blackboard. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/why-we-here-message-words-on-93951016?src=qCSdcBxzegySZyrJ7104MA-1-3>.

# Meeting 2: Taking care of my body

*Take care of your body. It's the only place you have to live.*  
--Jim Rohn



Young black man and a group of sporty people practicing yoga lesson with instructor, sitting in Sukhasana exercise, Easy Seat pose with mudra gesture, working out, indoor close up, studio floor. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/young-black-man-group-sporty-people-1044629401?src=-nRGUP-i7pSuXnk-qeglvw-1-4>.



# Meeting 2: Content

- Goals
- Relaxation exercise
- Check-in
- Six key areas:
  - Sleep
  - Nutrition
  - Exercise
  - Relaxation
  - Self-nurturing rituals
  - Grounding strategy
- Check-out

+



My Goals as memo on notebook with many light bulbs. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/my-goals-memo-on-notebook-many-256521271?src=Np00cRN9Q2V04ybOVCx94Q-1-4>.

# Meeting 3: Taking care of my thoughts

*We can complain because rose bushes have thorns, or rejoice because thorn bushes have roses.  
--Abraham Lincoln*



Business man standing next to thought bubble drawn over head. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/business-man-standing-next-thought-bubble-534852604?src=6qWeZH5hLGYjGK68XRhUaw-1-30>.

# Meeting 3: Content

- Goals
- Relaxation exercise
- Check-in
- Thinking traps:
  - Identify thinking traps
  - Create alternate thoughts/beliefs
  - Additional strategies for changing thinking traps
- Check-out

# Meeting 4: Taking care of my emotions



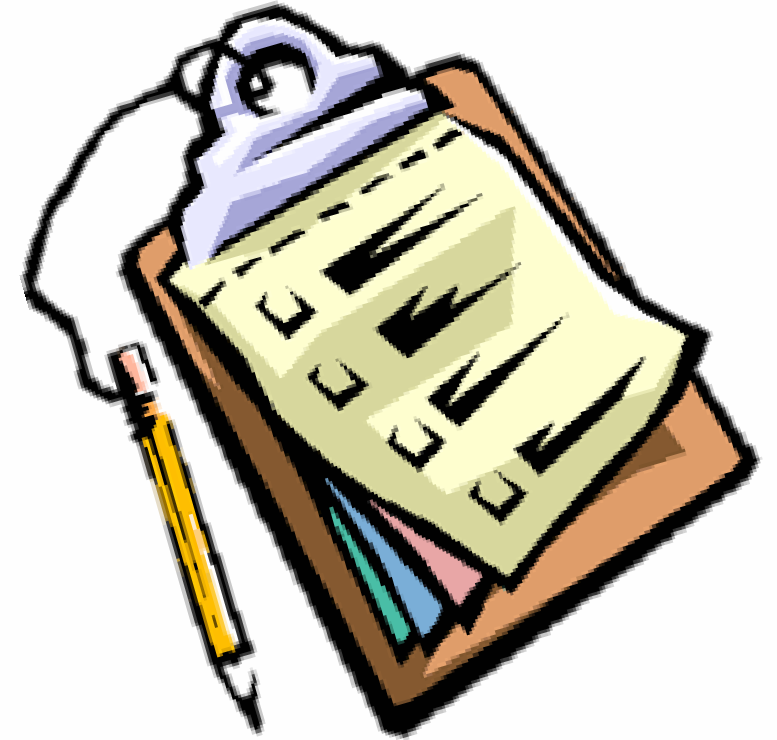
*If you are faced with a mountain, you have several options. You can climb it and cross to the other side. You can go around it. You can dig under it. You can fly over it. You can blow it up. You can ignore it and pretend it's not there. You can turn around and go back the way you came. Or you can stay on the mountain and make it your home.*

*--Vera Nazarian*

a Asian baby girl crying on a car. close up. black and white. [Photo]. August 16, 2018. From: [https://www.shutterstock.com/image-photo/asian-baby-girl-crying-on-car-791786737?src=rPcLobTmk2VA\\_To5PpingQ-1-2](https://www.shutterstock.com/image-photo/asian-baby-girl-crying-on-car-791786737?src=rPcLobTmk2VA_To5PpingQ-1-2).

# Meeting 4: Content

- Goals
- Relaxation exercise
- Check-in
- Values and feelings
- Acceptance--hands as thoughts and feelings exercise
- Four techniques to cope with unpleasant emotions
- Check-out



# Meeting 5: Taking care of my relationships

*You don't develop courage by being happy in your relationship every day. You develop it by surviving difficult times and challenging adversity*

*--Barbara de Angelis (adapted from Epicurus)*



# Meeting 5: Content

- Goals
- Relaxation exercise
- Check-in
- Potential impact of ACEs on relationships
- Common characteristics in nurturing and supportive relationships
- Boundaries in relationships
- Communication styles in relationships
- Assertiveness communication techniques
- Check-out



Girls having fun at home, laughing.. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/girls-having-fun-home-laughing-549118006?src=D7mQPoYIYf1Hs6xcA-GCdw-1-4>.



# Meeting 6: Taking care of my past and living a valued life



*Owning our story and loving ourselves throughout that process is the bravest thing that we will ever do.*

*-Brene Brown, The Gifts of Imperfection*

silhouette of man climbing steep mountain. Good image for adventure, struggle and success story photo. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/silhouette-man-climbing-steep-mountain-good-439277347?src=NnvJ53rbU6O0K9Bx7EVhdw-1-4>.



# Meeting 6: Content

- Goals
- Relaxation exercise
- Check-in
- Bull's eye exercise
- Self-compassion exercise
- Review of favorite self-care skills
- Self-care plan
- Check-out: What's next?



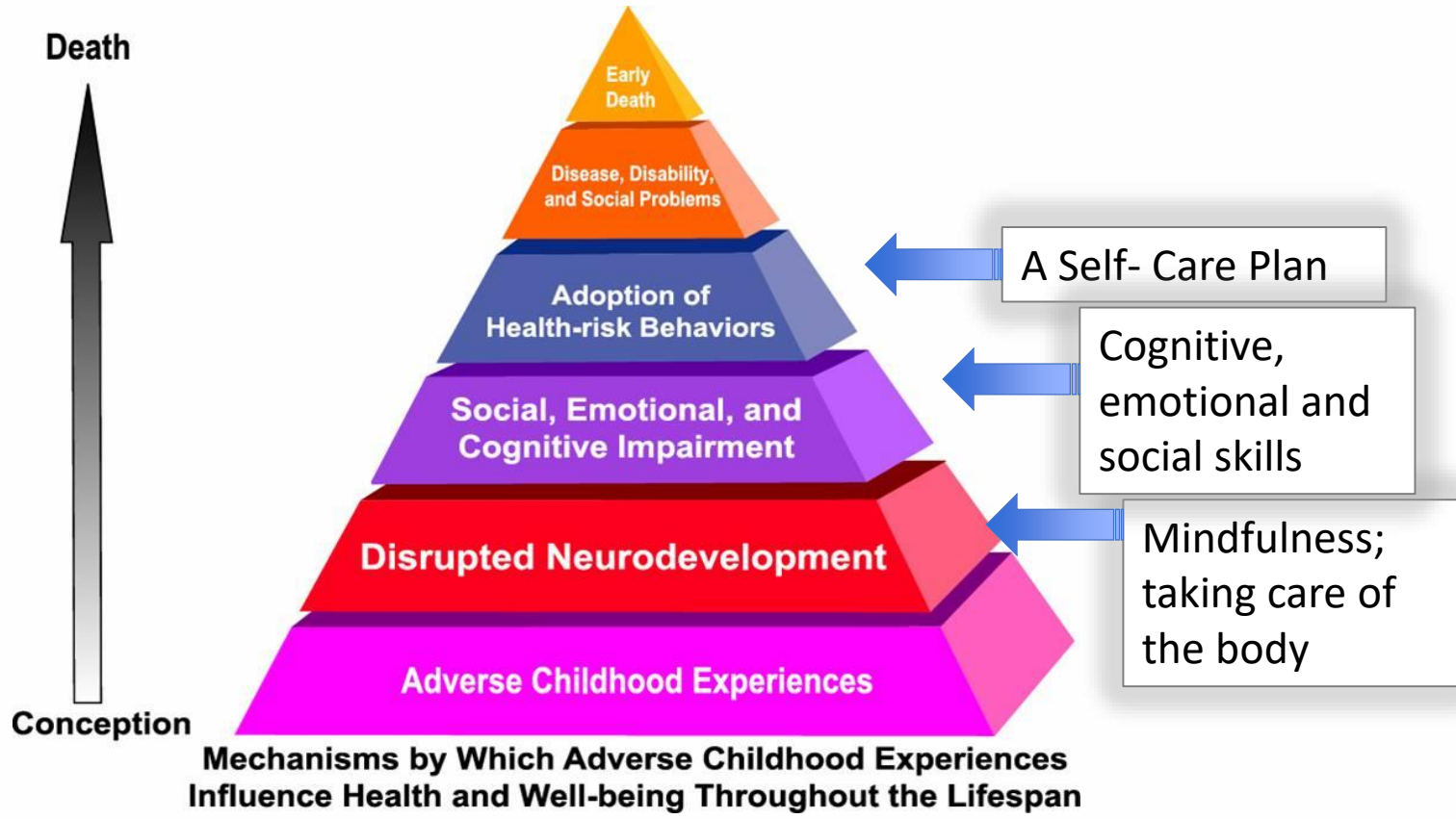
Macro photo of tooth wheel mechanism with SKILLS concept related words imprinted on metal surface. [Photo]. August 16, 2018. From: <https://www.shutterstock.com/image-photo/macro-photo-tooth-wheel-mechanism-skills-760913608?src=i-xkd7gS8SGpaX1g8QuerQ-1-8>.

# Self-Care Plan

Select the skills that have worked best and describe how you will use the skills in the future.

My Favourite Self-Care Skills	My Resolution
<input type="checkbox"/> Grounding Exercise	
<input type="checkbox"/> Bulls Eye Exercise	
<input type="checkbox"/> Increasing Movement	
<input type="checkbox"/> Sleep Hygiene	
<input type="checkbox"/> SMART goals	
<input type="checkbox"/> Identifying Thinking Traps	
<input type="checkbox"/> Riding the Wave	

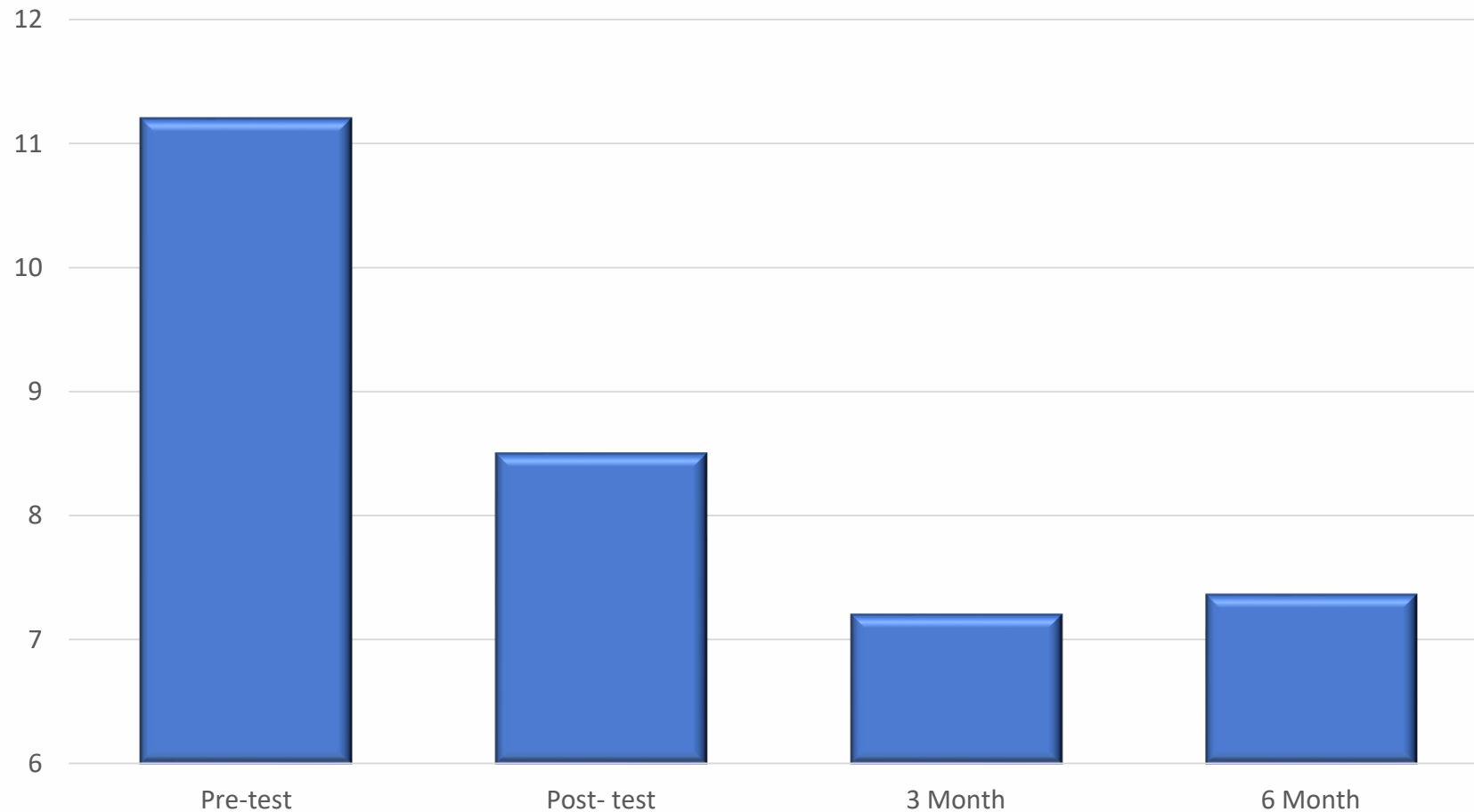
# Lifetime Effects



# Preliminary Results from the Open Trial

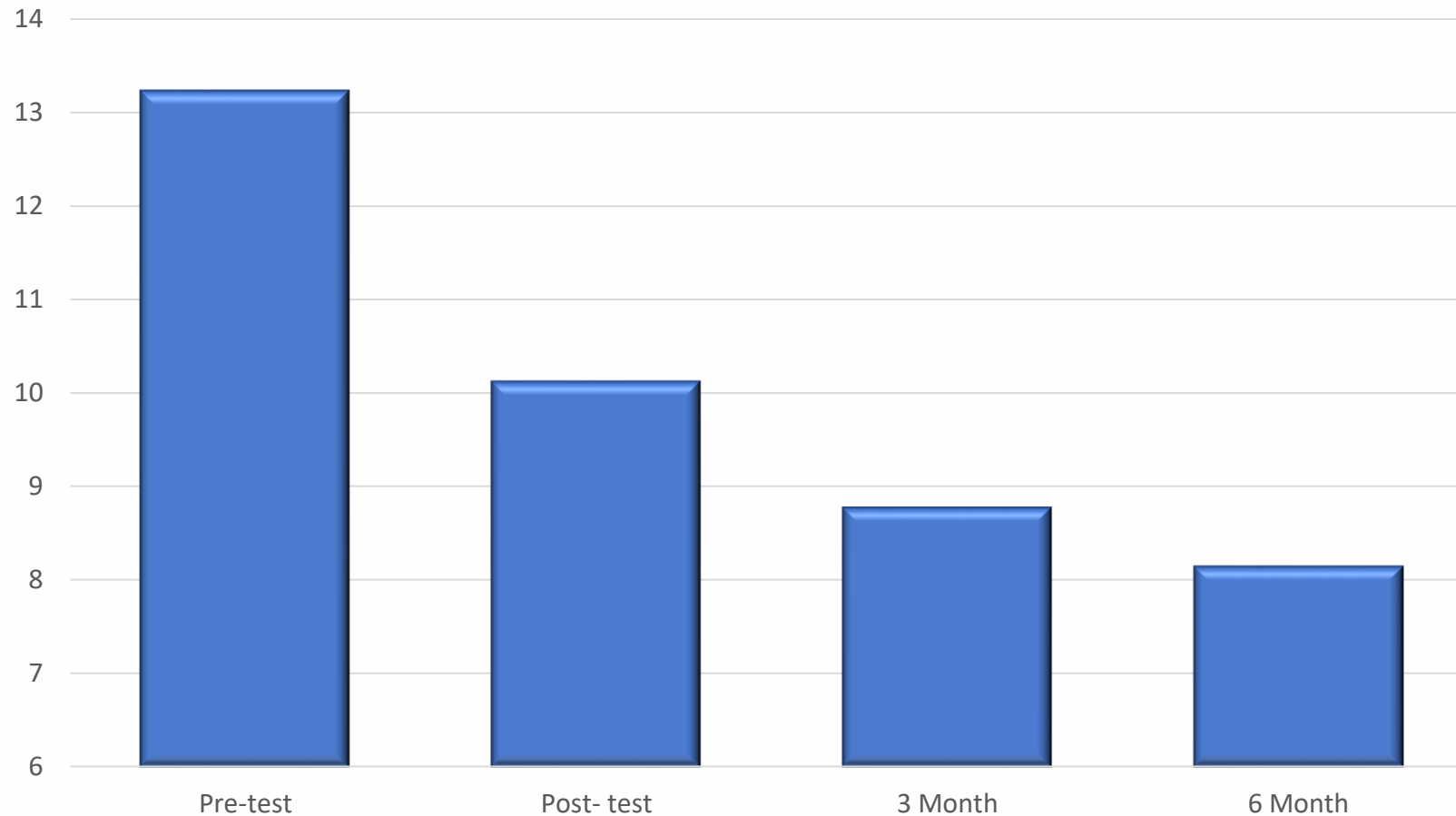


# Changes over time- Anxiety



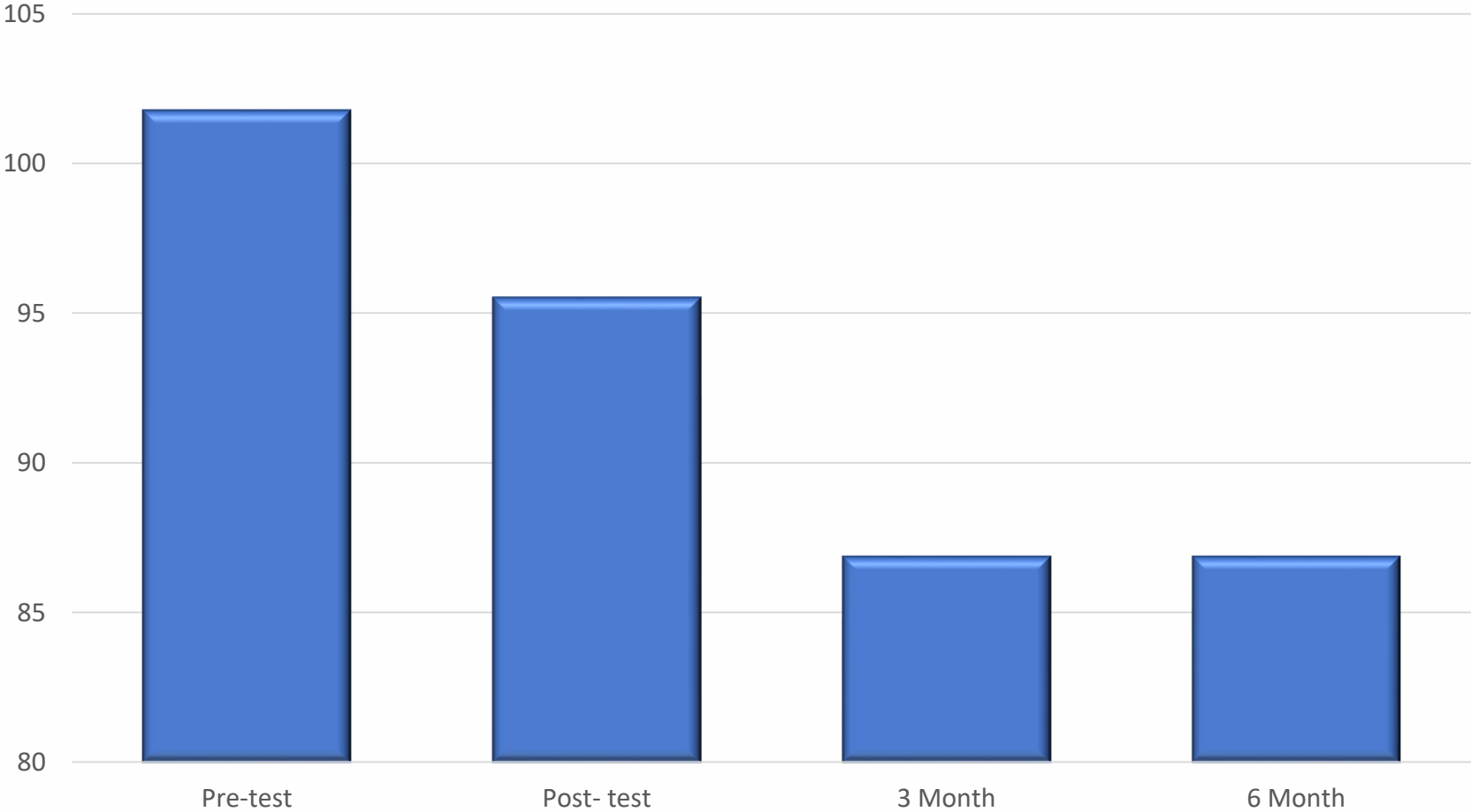
Repeated measures ANOVA,  $F(3/39) = 9.05, p < .001$

# Changes over time- Depression



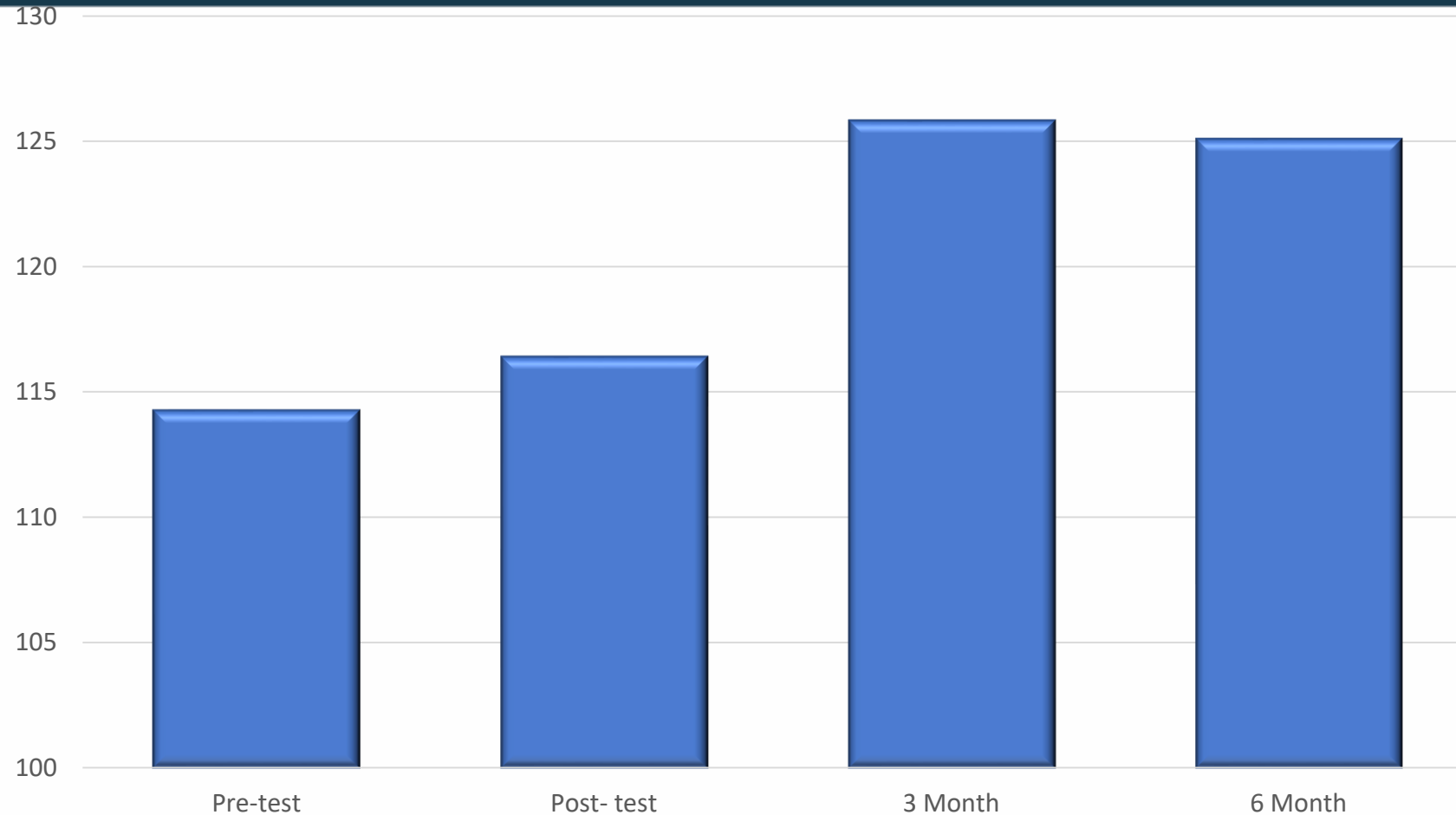
Repeated measures ANOVA,  $F(3/40) = 13.84, p < .001$

# Changes over time- Emotion Dysregulation



Repeated measures ANOVA,  $F(3/39) = 9.05, p < .001$

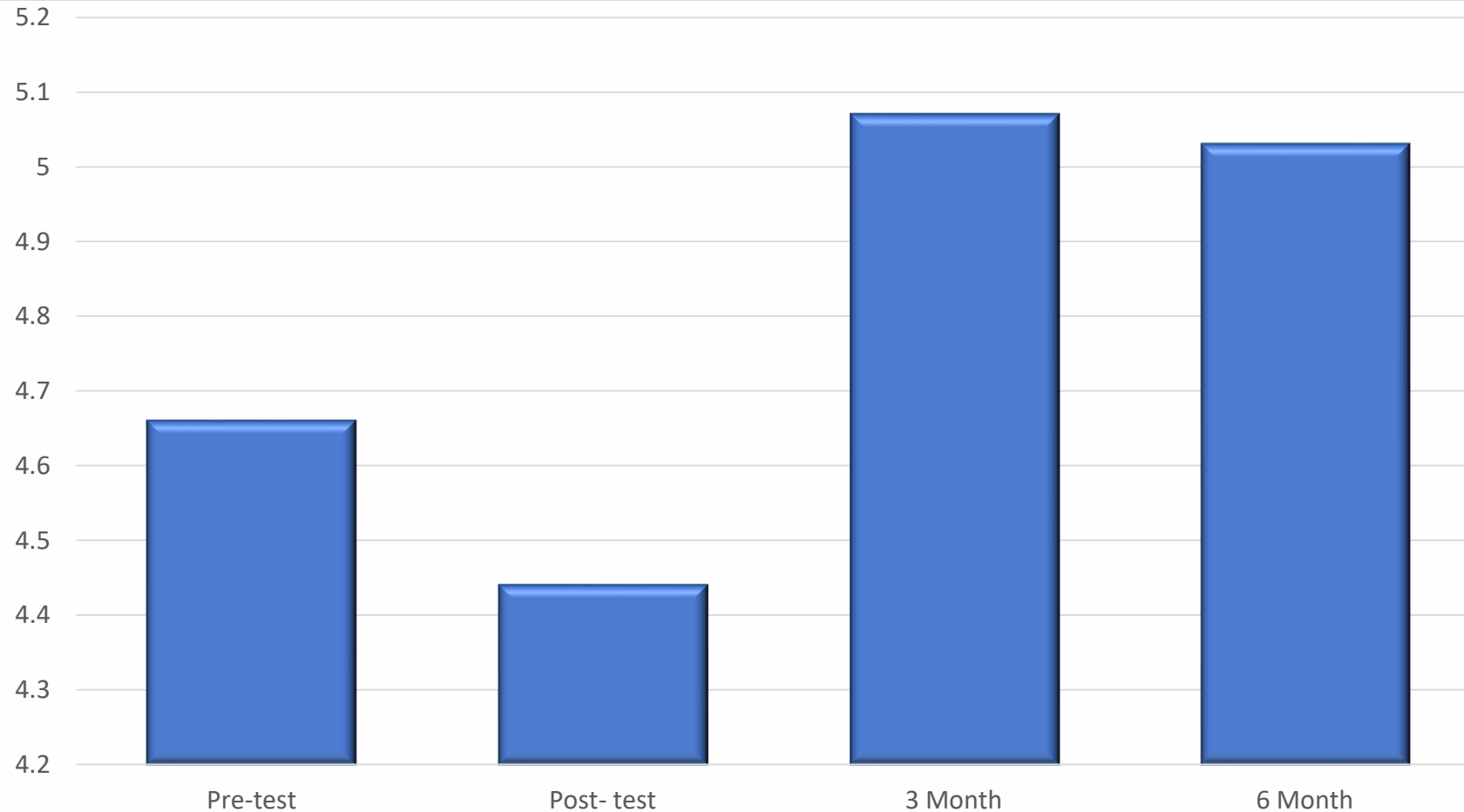
# Changes over time- Mindfulness



Repeated measures ANOVA,  $F(3/33) = 7.68, p < .001$

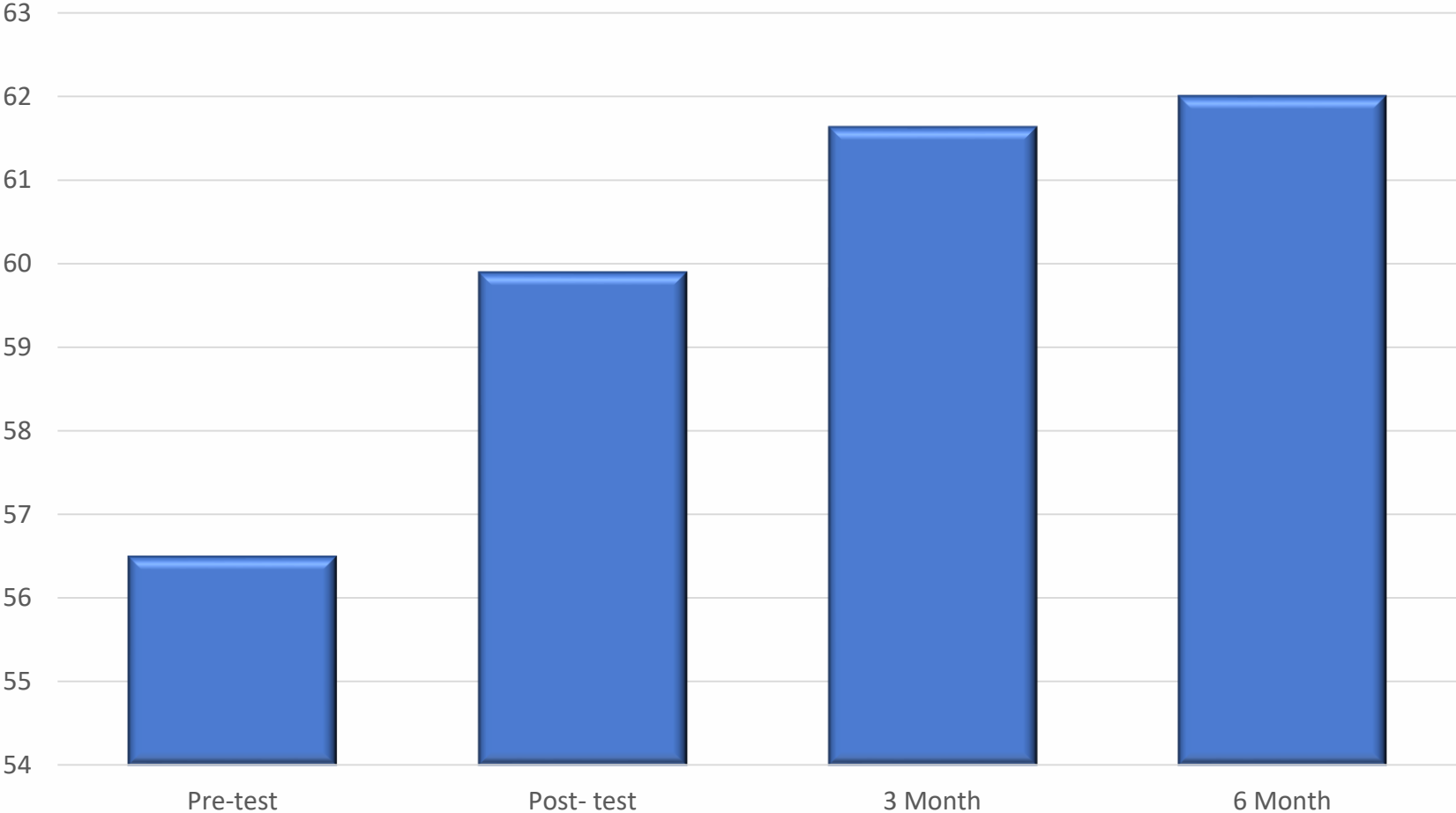


# Changes over time- Perceived Social Support



Repeated measures ANOVA,  $F(3/37) = 4.90, p < .01$

# Changes over time- Resilience



Repeated measures ANOVA,  $F(3/32) = 3.89, p < .01$

# A Testimonial



Strength, hope, courage. [Photo]. August 16, 2018. From: <https://212west.com/products/strength-hope-courage>.

# Thank you!



Comments and Questions...

[ksdobson@ucalgary.ab.ca](mailto:ksdobson@ucalgary.ab.ca)

[dennis@southportpsychology.com](mailto:dennis@southportpsychology.com)

# 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.



# The Big Picture: Creating a Culture of Healing



# ACEs Are Not Destiny

- Incidence of trauma, even within the general population is quite high
- The impact is profound
- Therefore there is a very high risk of re-traumatization and adverse reactions given the ongoing stress caused by:
  - disparities such as poverty, racism, community violence and
  - devastating impact of climate change – increasing numbers of and severity of disasters
- Healthcare settings can also be very stressful therefore, they have a responsibility to minimize risk of re-traumatization by ensuring safety and trust through relationships, environment, policies and practices



# Why is Adopting Trauma-Informed Approaches in Primary Care/Integrated Settings Important?

- Primary Care/Health Centers are typically first point of contact
- Many current conditions may be related to traumatic life experiences
- Opportunity for preventing and addressing ACEs in adults and children
- Benefits to the patient (safety leads to healing), staff and 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!***

# 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?”

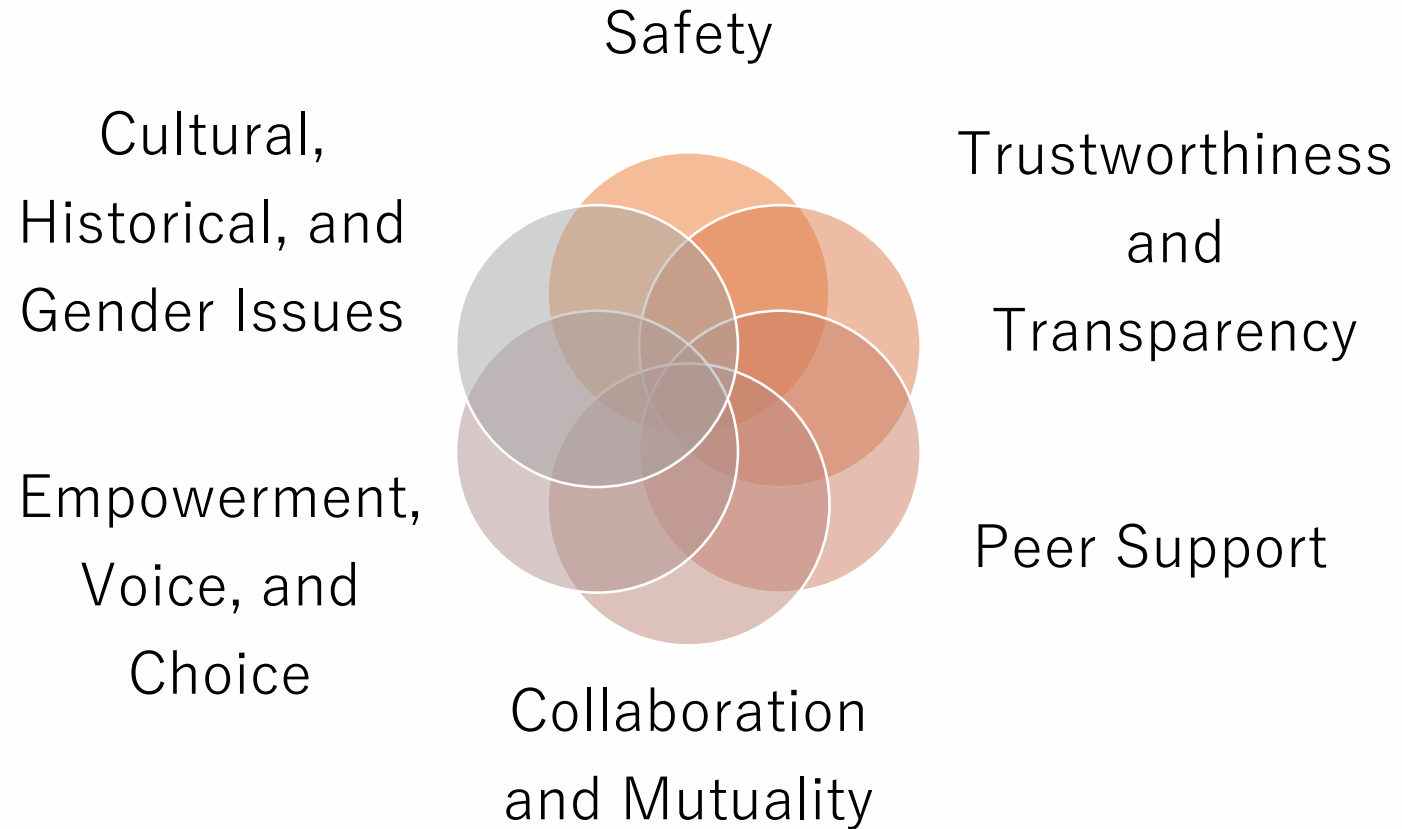
# Definition of Trauma-Informed Care/Approach

A trauma-informed program, organization, or system (4 Rs):



*From SAMHSA's Concept Paper*

# Trauma-Informed Care Principles



# National Council's Domains of Trauma-Informed Care

**Domain 1:** 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 Relationships and Environment

**Domain 5:** Data Collection and Performance Improvement



# Screening and Assessing for Trauma

- 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
- Ensure staff are educated and workflows are established
  
- *Resources: TIP 57, Trauma Posters*

# Patient Voice, Choice and Collaboration

- Collaborate with patient on all aspects of care
- Monitor patient satisfaction and *perception of care* - feedback on the safety and security of relationships, and the physical and psychological setting
- Include recipients of care in one or more organizational decision influencing meetings such as formal focus groups, providing feedback on service quality, advisory boards or other organization specific meetings/committees
- Engage Peer Wellness Coaches to provide individual and group wellness services
- Provide information to patients on the impact of adverse life events on a person's whole health
  
- *Resources: Trauma Informational Brochures, Trauma Posters*

# Workforce Development and Best Practices

- Requires leadership support and direction
  - Includes ‘everyone’ in the organization
  - Improves staff competencies
  - Reduces staff stress
  - Increases staff retention / reduces costs
  - Improves patient health outcomes
  - Involves Human Resource and Training Departments
  - Creates safety and respect for all
- *Resources: SAMHSA TIP 57, SAMHSA’s Concept Paper, Staff Training Survey, TIC Slides, Trauma Infographics*



# Safe and Secure Relationships and Environment

- Feedback from patients includes their experience of care and the environment including:
  - ✓ physical comfort and safety
  - ✓ respectful interactions
  - ✓ friendliness of staff
  - ✓ the degree to which patient concerns are listened to and addressed
  - ✓ the physical exam, procedures, diagnoses and treatment are explained and all questions answered with patience and sensitivity
- Staff Performance Reviews are used to ensure competencies
- *Resource: Environmental Survey*

# Data Collection and Performance Improvement

- Collect and monitor data related to each of the domains
- Collect and monitor data related to organizational concerns (% of patients with trauma histories, decrease in incidents, increase in keeping appts, improvements in treatment adherence, reduction in ED use and hospitalizations, improvements in health outcomes)
- Data used to track, measure, analyze performance improvement outcomes
- Informs and guides team, leadership, Board

# Implementation Strategies

# Implementation Science: John Kotter's Eight Stages of Change



The Heart of Change

# Trauma-Informed Care (TIC)-Implementation & Sustainability

## Implementation Tips:

1. Gain commitment from leadership
2. Form a TIC Implementation Team
3. Build team consensus and vision
4. Educate all staff and establish communication systems
5. Assess your organization using the domains
6. Develop an action plan and data system

## Sustainability Tips:

1. Strengthen leadership commitment
2. Maintain team momentum
3. Continue staff training and use of all communication systems
4. Focus on Human Resource changes
5. Revise Policies, Procedures and Practices
6. Review and use data

# Summary - 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

# 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>

# Center for Healthcare Strategies

Advancing Trauma-Informed Care

<https://www.chcs.org/project/advancing-trauma-informed-care/>



# Upcoming National Council Resource

[Trauma-Informed Primary Care: Fostering Resilience and Recovery](#) project, is being developed and piloted by the National Council with support by Kaiser Permanente, it will offer primary care practices field-informed methods, tools and resources to advance understanding and address the impact of trauma.

# Resources

## **Adverse Childhood Experiences (ACEs) Study**

<https://www.cdc.gov/violenceprevention/acestudy/index.html>

## **SAMHSA/HRSA Center for Integrated Health Solutions Trauma Website**

<https://www.integration.samhsa.gov/clinical-practice/trauma-informed>

## **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**

<https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf>

## **SAMHSA's Treatment Improvement Protocol 57-Trauma-Informed Care in Behavioral Health Services**

[https://www.integration.samhsa.gov/clinical-practice/SAMHSA\\_TIP\\_Trauma.pdf](https://www.integration.samhsa.gov/clinical-practice/SAMHSA_TIP_Trauma.pdf)

## **SAMHSA/HRSA Center for Integrated Health Solutions IPV Website**

<https://www.integration.samhsa.gov/clinical-practice/intimate-partner-violence>

# Questions?



# CIHS News and Resources

Visit

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

or e-mail

[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

Free consultation on any  
integration-related topic!

Making Integrated Care Work | 202.684.7457

**SAMHSA-HRSA Center for Integrated Health Solutions** eSolutions newsletter

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### ABOUT CIHS

## SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

LEARN MORE

### TOP RESOURCES

FEBRUARY 24, 2014  
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

FEBRUARY 21, 2014  
February Is American Heart Month!

### CALENDAR OF EVENTS

FEB 26 Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment  
FEBRUARY 26-26, 2014

FEB 27 Integrating Peer Support in Primary Care  
FEBRUARY 27-27, 2014

# 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.

[www.hrsa.gov](http://www.hrsa.gov) | [www.samhsa.gov](http://www.samhsa.gov)  
[integration.samhsa.gov](http://integration.samhsa.gov)