



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Trauma-Informed Approaches: Practical Strategies for Integrated Care Settings

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# Linda Ligenza, LCSW



- Licensed clinical social worker and Clinical Services Director for the National Council for Behavioral Health. Provides guidance and technical assistance to SAMHSA and HRSA grantees on integrating primary care and behavioral health on behalf of the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS).
- Expertise in trauma and trauma-informed care provided to CIHS and national audience to improve practices, policies, procedures, and outcomes.
- Clinical, administrative, and public policy work throughout 30 year career. Leadership positions with the New York State Office of Mental Health and subsequently with HHS Substance Abuse Mental Health Services Administration (SAMHSA) in the Traumatic Stress Services Branch, Center for Mental Health Services.

# 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.

# Agenda

- Overview of Trauma and its Impact
- Defining a Trauma-Informed Approach
- Practical Strategies
- Q & A
- Resources

# Overview of Trauma and its Impact

# Why is Understanding Trauma Important?

- Many current problems may be related to traumatic life experiences
- People who have experienced traumatic life events are often *very sensitive* to reminders of the original event
- These reminders or triggers may cause a person to relive the trauma and view our setting/organization as a source of distress rather than a place of healing and wellness

# What is Trauma?

## SAMHSA's Concept of Trauma: "3 Es"

*"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."*

*From SAMHSA's Concept Paper*



# Types of Trauma

- Child maltreatment and complex trauma
- Serious accident or illness
- Victim/witness to domestic, community, and school violence
- Natural disaster, war, terrorism, political violence
- Traumatic grief/separation, significant loss
- Historical and generational trauma

# Historical Trauma

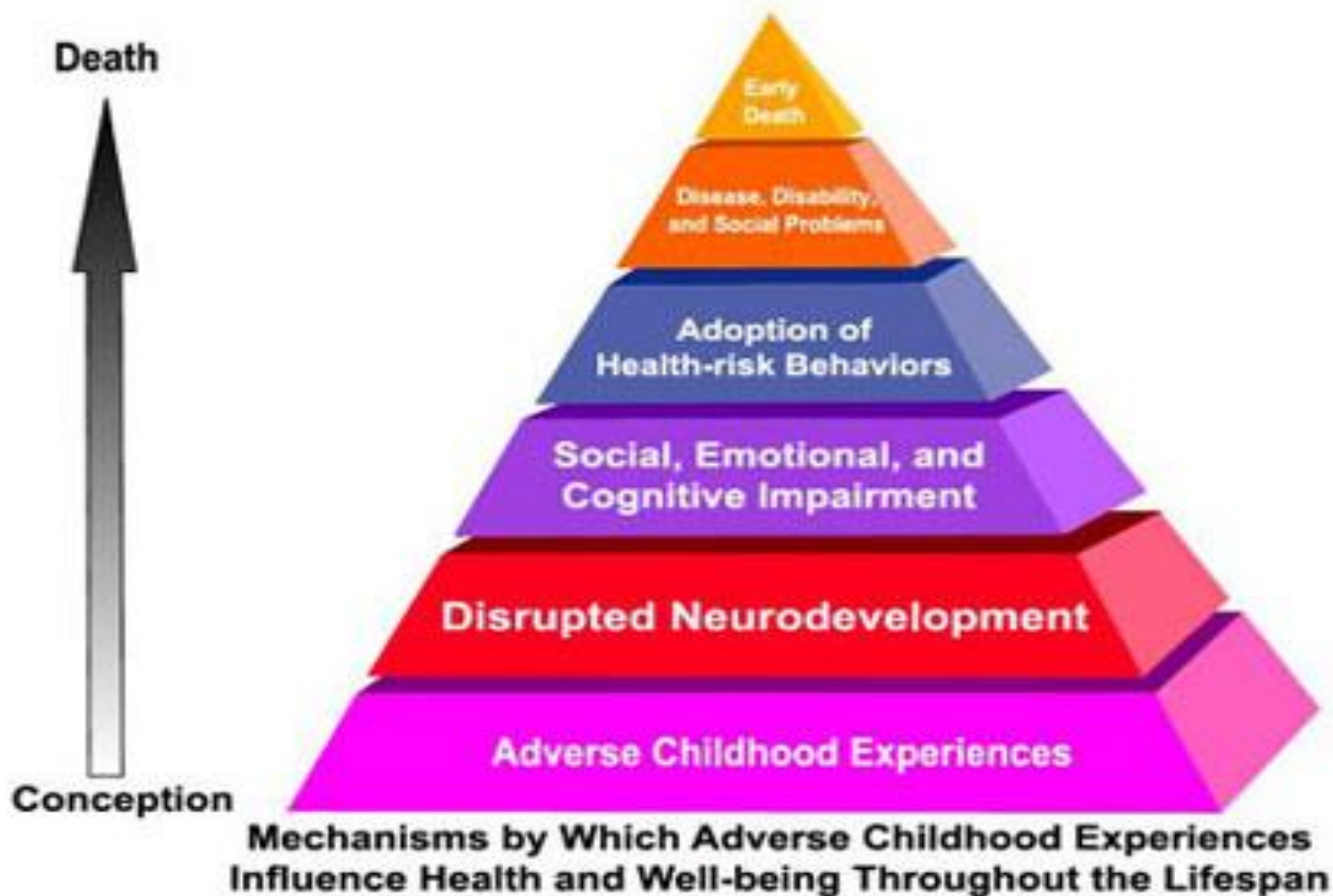
“Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”

**Yellow Horse Brave Heart, 2003**

**Rethinking Historical Trauma: Narratives of Resilience**

**Aaron R. Denham, 2008**

# The ACEs Study



# 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

# What Does Trauma Do?

Shapes our:



Worldview

Beliefs



Spirituality

Identity

# Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- **Alcohol, tobacco & other drug addiction**
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- **Depression, anxiety & other mental illness**
- **Diabetes**
- Fetal death
- **High risk sexual activity, STDs & unintended pregnancy**
- **Intimate partner violence—perpetration & victimization**
- Liver disease
- Lung cancer
- Obesity
- Multiple divorces
- **Self-regulation & anger management problems**
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury

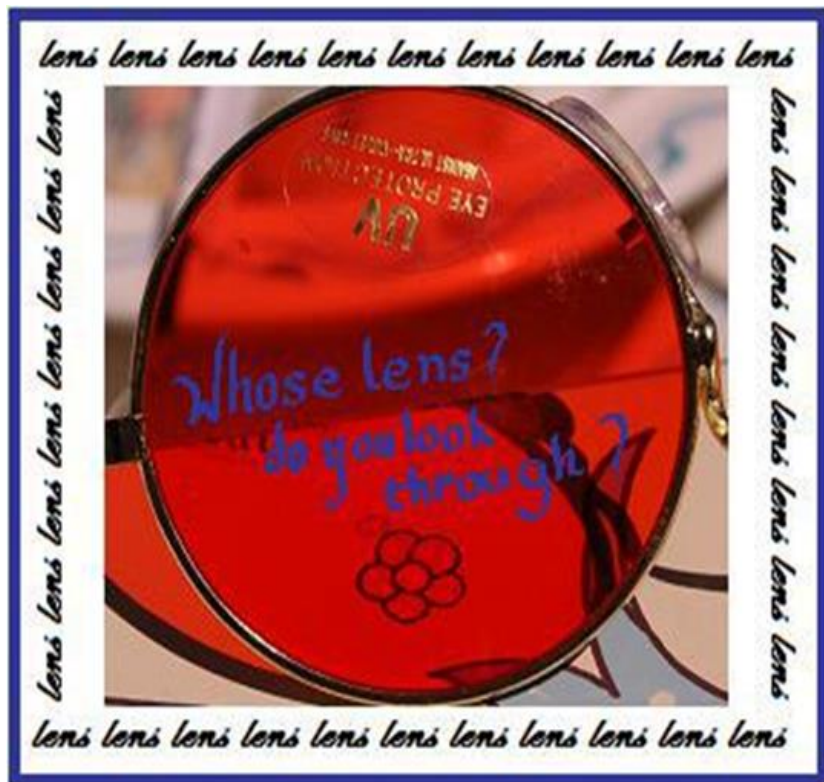
# **Paul Espinas, MD, Pediatrician Kaiser Permanente Hayward Medical Center**

“ACEs are the new cholesterol,” he said. “If you don’t screen for it, and you don’t look for it, you’ll never find it, but it has more health impacts than you can imagine.”

ACEs Too High Article, Nov. 2017

# What Do We Need To Do?

## Paradigm Shift



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

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



# Therefore, we need to exercise...



# Defining a Trauma-Informed Approach

# Sacopee Valley Health Center

- Location – Porter, Maine
- Opened in 1976
- Federally Qualified Health Center (FQHC)
- Patients – 5,045
- Total staff – 65
- Serves 12 rural towns in 4 counties & 2 states (Maine & New Hampshire)
- Service area population of + 23,500

# Sacopee Valley Health Center Services

- Integrated Family Medical Care
- Dental
- Pediatrics
- Pediatric/Adult Psychiatry
- Mental Health/Substance Use Counseling
- Nutrition Counseling
- Podiatry
- X-Ray
- Optometry
- OMT
- Medication Assisted Treatment
- Community Health Education
- Care Coordination
- Reproductive Health
- Social Services Coordination
- Fee Discount Program
- Patient Assistance Program (for chronic meds)
- Maine Care (Medicaid) Enrollment Assistance
- Referrals to Specialty Care
- Lab Services
- Affordable Health Care

# Sacopee Valley Health Center – Integrated Primary Care since 2005

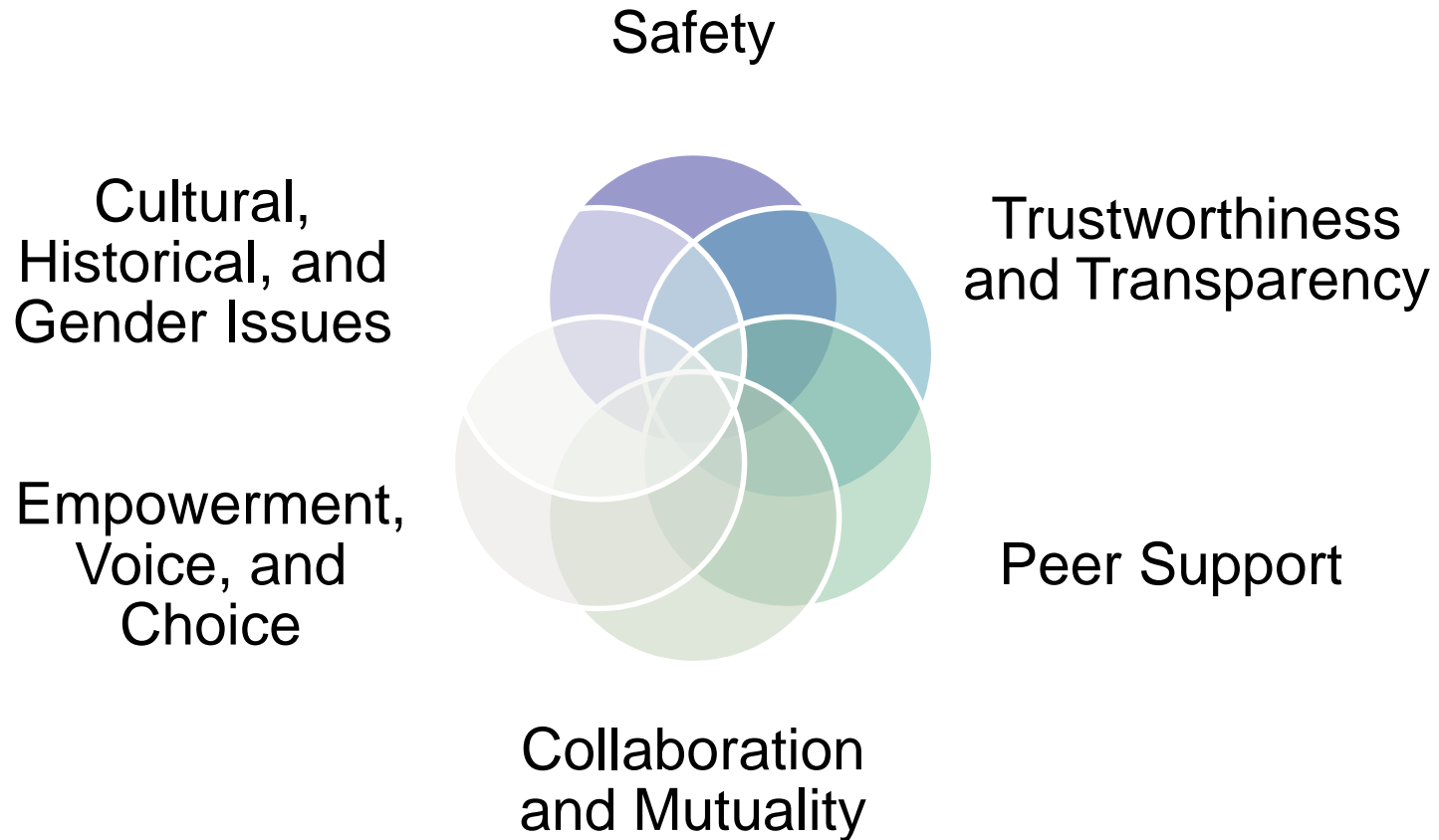
- Based on the Kirk Strosahl model of integration
- Level 3 – PCMH recognition
- Behavioral Health Consultant and Care Coordinator are members of medical team and reside in the provider pod along with all the other medical team members
- PCP is the quarterback; BHC is a consultant to help PCP make more informed decisions

# Adoption of the Trauma-Informed Care Approach - 2016

- Part of the SAMHSA/HRSA Trauma-Informed Care Innovation Community (TIC-IC)
- Created a work team with patient member
- Performed an organizational self-assessment to determine how to infuse TIC principles and practices throughout entire organization
- Adopted the 4Rs of Trauma-Informed Care

# What Drives Our Work?

## Principles of a Trauma-Informed Approach



# What is a Trauma-Informed Approach?

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

**Realizes**

- Realizes widespread impact of trauma and understands potential paths for recovery

**Recognizes**

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

**Responds**

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

**Resists**

- Seeks to actively resist re-traumatization

*From SAMHSA's Concept Paper*



# Realizes

*Realizes widespread effect of trauma and understands potential paths for recovery*

- We must see patients through a “Trauma-Informed Lens.”
- Patients have triggers and sensitivities that can prevent or hinder ‘engagement.’

# Recognizes

*Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system*

- Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically, or behaviorally?
- Do you think any of these problems bother you now?

| Event  | Happened to me | Witnessed it | Learned about it | Part of my job | Not Sure | Doesn't Apply |
|--|----------------|--------------|------------------|----------------|----------|---------------|
| 1. Natural disaster (for example, flood, hurricane, tornado, earthquake)   |                |              |                  |                |          |               |
| 2. Fire or explosion   |                |              |                  |                |          |               |
| 3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)                  |                |              |                  |                |          |               |
| 4. Serious accident at work, home, or during recreational activity   |                |              |                  |                |          |               |
| 5. Exposure to toxic substance (for example, dangerous chemicals, radiation)                                     |                |              |                  |                |          |               |
| 6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)                               |                |              |                  |                |          |               |
| 7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)                  |                |              |                  |                |          |               |
| 8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm) |                |              |                  |                |          |               |
| 9. Other unwanted or uncomfortable sexual experience   |                |              |                  |                |          |               |
| 10. Combat or exposure to a war-zone (in the military or as a civilian)  |                |              |                  |                |          |               |
| 11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)                            |                |              |                  |                |          |               |
| 12. Life-threatening illness or injury   |                |              |                  |                |          |               |
| 13. Severe human suffering   |                |              |                  |                |          |               |
| 14. Sudden violent death (for example, homicide, suicide)  |                |              |                  |                |          |               |
| 15. Sudden accidental death  |                |              |                  |                |          |               |
| 16. Serious injury, harm, or death you caused to someone else  |                |              |                  |                |          |               |
| 17. Any other very stressful event or experience   |                |              |                  |                |          |               |

LEC-5 (10/27/2013) Weathers, Blake, Schnurr, Kaloupek, Marx, & Keane -- National Center for PTSD

# Responds

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

- Added a Trauma-Informed statement to our Belief Statement
- Statement of safe space in all exam rooms and lobby
- Behavioral Health Consultant discusses TIC principles with new employees
- On-going all-staff trainings
- Transparency with employee benefits – Employee Assistance Program (EAP)
- Paid Time Off (PTO) requests and ice-cream socials and pizza parties to alleviate compassion fatigue

# Resists

*Seeks to actively resist re-traumatization*

- Use Motivational Interviewing to partner with patient
- Reinforce that they do not need to share details of traumatic events
- Educate

“We know that there is a direct relationship between these experiences and a person’s health; have you ever had a chance to explore these connections?”

# Practical Strategies

# It's All About the Relationship!



# Sensitive Practices in Health Care Settings

Be respectful

Take time

Build rapport

Share information

Share control

Respect boundaries

Foster mutual learning

Understand non-linear healing

Demonstrate awareness and knowledge of trauma

*Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*



# Summary

- Talk with leadership to ensure organizational support for your TIC efforts
- Spread knowledge about ACEs and trauma-informed principles and practices
- Use a ‘trauma-informed lens’ to look at your environment, attitudes and relationships with patients and staff, policies and procedures, and all you do
- Include patients on Patient Family Advisory Council or as a team member
- Remember that “hurt people, hurt people.”



# Q & A

# Next Steps

Use the Chat Box:

Following this webinar, what is one thing you can commit to doing differently?

# Resources

# For More Information & Resources

Trauma Webpage:

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



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