SAMHSA-HRSA
CENTER for INTEGRATED HEALTH SOLUTIONS

Trauma-Informed Care Innovation Community: Understanding Trauma, Trauma-Informed Approaches and Choosing TIC Performance Indicators

Linda Ligenza, LCSW

Tony Salerno, PhD

February 18, 2016

Setting the Stage:
Today's Moderator

Madhana Pandian

Associate

SAMHSA-HRSA Center for Integrated Health Solutions

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

www.integration.samhsa.gov

Under About Us/Innovation Communities

Our format:

Structure
Presentations from experts

Polling You
At designated intervals

Asking Questions
Responding to your written questions

Follow-up and Evaluation
Ask what you want/expect
and presentation evaluation

Listserv

Look for updates from:
trauma_informed_care_ic

About Your CIHS IC Team:

Facilitator: Linda Ligenza LCSW/lindal@thenationalcouncil.org
Coordinator: Madhana Pandian/madhanap@thenationalcouncil.org

Faculty will be comprised of 2 CIHS staff, and subject matter experts who will provide webinar content and coaching in collaboration with the CIHS staff

- Faculty deliverables will include support of participants with educational materials, supportive monitoring of participant progress toward achieving TIC goals, and timely follow-up to questions
- Dedicated page on the CIHS website for all IC
- Listserv specifically for TIC IC

Linda Ligenza, LCSW
SAMHSA-HRSA Center for Integrated Health Solutions – TIC IC Facilitator

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov   1-877-SAMHSA-7 (1-877-726-4727)

HRSA
Health Resources & Services Administration

integration.samhsa.gov

Anthony Salerno, PhD

- Senior Consultant, National Council for Behavioral Health
- Practice and Policy Scholar, McSilver Institute for Poverty Policy and Research, New York University
- Assistant Professor, Adolescent and Child Psychiatry, Langone Medical Center, NYU

Webinar Agenda

- Understanding Trauma and Trauma-Informed Care
- Trauma-Informed Care Domains
- Performance Indicators and Continuous Quality Improvement
- Value of the Organizational Self-Assessment and Progress Monitoring Tool
- Process and Outcome Performance Indicators
- Available Tools and Resources
- Next Steps

Polling Questions

1. How many times have you met with your implementation team?

   0   1   2   more than 2X

2. Have you completed your OSA?

   Yes   No

Definition of Trauma

Three Key Elements:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effect on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact.

SAMHSA 2012

The ACEs Study

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

Trauma Prevalence

- Between 51% and 98% of public mental health clients diagnosed with severe mental illness have trauma histories.
- An individual with an ACE Score of 4 or more was 460% more likely to be suffering from depression than an individual with an ACE Score of 0.
- A person with an ACE Score of 4 is 260% more likely to have COPD than is a person with an ACE Score of 0.
- There was a 250% increase in the odds of having a sexually transmitted disease between individuals with an ACE Score of 4 compared to individuals with an ACE Score of 0
- Between two-thirds and 80% of all attempted suicides could be attributed to adverse childhood experiences

Impact-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
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy

- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury

Triggers in Healthcare Settings

Definition: An external event that causes internal discomfort or distress such as:

- Sights - white lab coats, medical equipment, restraints, X-ray bib, room temperature
- Sounds - dental drill, ambulance sirens, chaos in environment
- Smells - rubbing alcohol, antiseptic odors, latex gloves

Why medical settings may be distressing for people with trauma histories:

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing or distressing
- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy

Principles of a Trauma-Informed Approach

- *Safety*
- *Trustworthiness and transparency*
- *Peer support*
- *Collaboration and mutuality*
- *Empowerment, voice and choice*
- *Respect for cultural, historical, and gender issues*

SAMHSA, 2012

Trauma-Informed Approach

Realizes the prevalence of trauma

Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce

Resists re-traumatization

(SAMHSA, 2012)

Responds by putting this knowledge into practice

Trauma-Informed Approaches in Primary Care Can:

- Minimize reaction to triggers
- Improve adherence to treatment and use or overuse of services
- Help people understand how trauma impacts their current health
- Connect people with appropriate resources

Trauma-Informed Care is Now the *Expectation*, NOT the Exception

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

Continuous Quality Improvement

A framework and guide to setting goals and implementing trauma informed care principles and practices in a healthcare setting

You may have the **will**……………

but an organization needs a **way**

What's a really good improvement strategy?

- Not expensive
- Can tell if the idea is working or not
- Affects many
- Can be done in a reasonable timeframe
- Is in the control of the organization
- Aligns with regulations, fiscal requirements, and law.
- Unlikely to cause other problems (unintended consequences dilemma)
- Practical in light of other organizational priorities
- Reasonable in light of staff demands on time and energy
- Tools and resources available

A framework to organize a quality improvement goal

FOCUS PDCA

F ind an improvement area

O rganize a team

C larify current practices

U nderstand source of variation/problem

S elect a strategy

Plan   Do   Check   Act

Role of the OSA and PMT

OSA: Engages organizations in a self assessment process to FIND improvement opportunities and CLARIFY current practices

PMT: Assists organizations to CHECK progress over time

Performance Indicators:
Process Indicators vs Outcome Indicators

PROCESS INDICATORS

Indicators that help you monitor and track the degree to which you are implementing your improvement plan as you wanted

OUTCOME INDICATORS

The critical health improvement indicators that the improvement efforts are designed to address

Process and Outcome Indicators

Quantitative data: type of numerical value to be used to express the indicator (percentage, rate, number of occurrences etc.).

Qualitative data: Focus groups, interviews, surveys involving written feedback

Domains of a Trauma-Informed Primary Care Setting

Domain 1: Early Screening & 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

National Council

Domain 1
Early Screening and Comprehensive Assessment

Develop a respectful screening and assessment process

- Routine
- Competently done
- Culturally relevant
- Sensitive

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov   1-877-SAMHSA-7 (1-877-726-4727)

HRSA
Health Resources & Services Administration

integration.samhsa.gov

Screening and Assessment Process

Screen - brief, focused inquiry to determine an individual's experience of traumatic events or current events that might be traumatizing

Assess - 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

Treat / Refer to internal or external resources for individual or group trauma-focused services

Performance Indicators: Domain 1

Process Indicators

Implementation of the **assessment** process

- Quantitative:
  - total number of clients who screen positive who receive a more in-depth assessment
  - number who have a positive assessment (defining what is meant by positive)
  - number who have a negative assessment (defining what is meant by negative)
  - total number who refuse the assessment
- Qualitative
  - Response and feedback from the client
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.

Domain 2
Patient Voice, Choice and Collaboration

Have a system in place to:

- Monitor patient satisfaction and perception of care

- Include recipients of care in processes that influence decision making

- Provide information to patients on the impact of adverse life events on a person's whole health

Performance Indicators: Domain 2 Patient voice, choice and collaboration

Process Indicators

Quantitative:

- Number of peers employed, volunteer
- Number of activities that elicit feedback from patients
- Number of decision making activities that include a peer/consumer representative
- Aggregated survey results from patients

Qualitative

- Focus group and individual feedback from patients
- Feedback from staff regarding the role of patient volunteers, workers, committees etc.

Domain 3
Work Force Development and Best Practices

- **Increase awareness, knowledge and skills of the *entire workforce* to deliver services based on the principles of TIC and sensitive practices**
- Create systems that promote collaboration between primary and behavioral health care
- Provide resources for behavioral health staff to deliver trauma specific interventions
- Implement policies, practices and procedures that build and sustain a trauma-informed work force

Performance Indicators: Domain 3 Workforce development and best practices

Process Indicators

Intervention to address trauma related concerns

- Quantitative:
  - Number of staff with expertise in providing trauma specific interventions
  - total number of clients who agree and attend at least one individual/group trauma focused service
  - total number who agree initially but do not attend any sessions.
  - Total number of individual/group sessions attended by client.
- Qualitative
  - Response and feedback from the clients
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.

Domain 4
Safe and Secure Environment

Create Environments that are

- Safe
- Trusting
- Healing

# Performance Indicators: Domain 4 Safe and secure environment

Process Indicators

- Quantitative:
  - Aggregated Survey Results (e.g., client survey tool)
  - No show rates, kept appointments, number of clients who register at reception but leave before appointment time
  - Brief feedback survey (e.g., 5 items) given to all clients in the waiting room
- Qualitative:
  - Focus groups
  - Routine question about the environment as part of each visit (staff meeting to discuss feedback)
  - Walk through the entire medical visit process from initial call to treatment and follow up
  - Staff feedback

Domain 5
Data Collection and Performance Improvement

Data related to each domain is *tracked, analyzed* and *used* to address challenges and/or reinforce progress
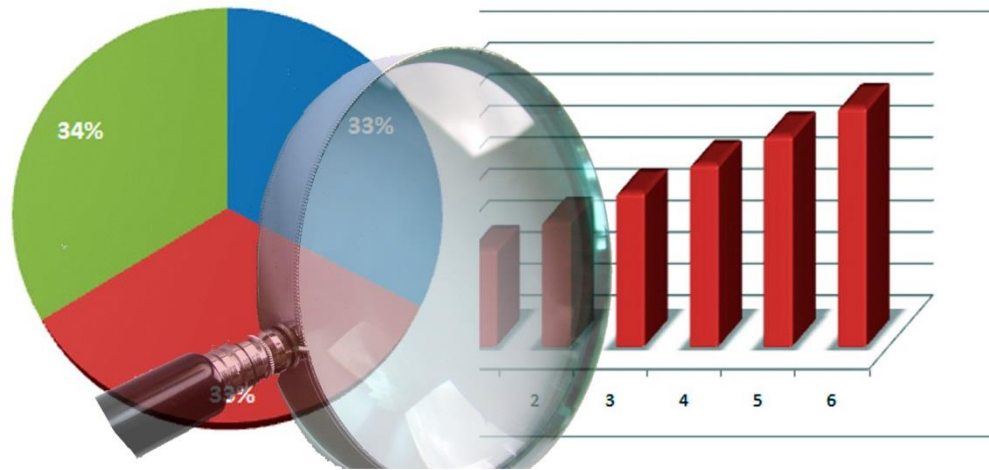
Performance Indicators: Health Outcomes

The degree to which the provision of a trauma specific service improves the patients high priority whole health goals
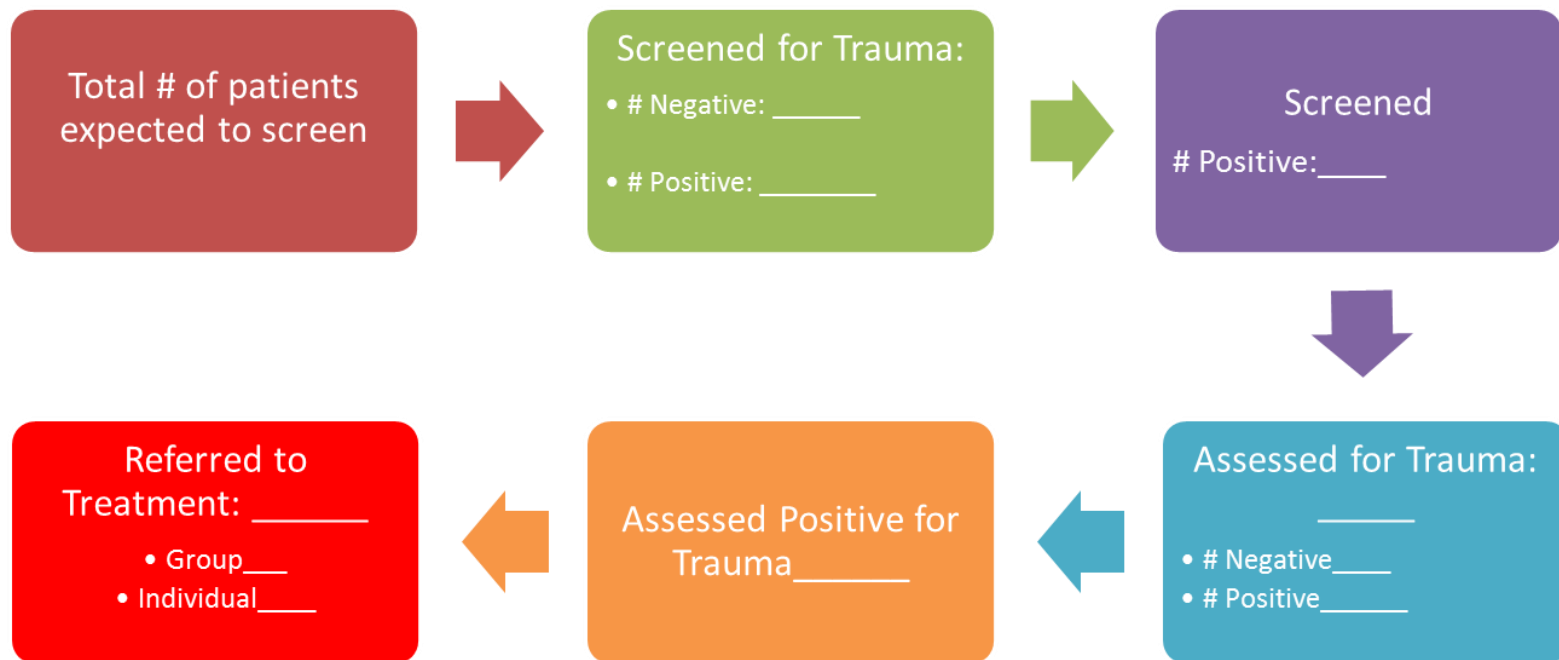
- Quantitative:
  - Mechanical indicators (BMI, Weight, Blood Pressure, weight circumference) and
  - Blood chemistry indicators (A1C, Cholesterol, other physiological measures pertinent to the selected cohort)

- Qualitative
  - Response and feedback from the client
  - Feedback from staff involved in the process
  - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process

Workflow Data Points
Domain 1: TIC Screening, Assessment and Treatment

Total # of patients expected to screen

→

Screened for Trauma:
• # Negative: _____
• # Positive: _____

→

Screened
Positive:_____

↓

Assessed for Trauma: _____
• # Negative_____
• # Positive_____

←

Assessed Positive for Trauma_____

←

Referred to Treatment: _____
• Group____
• Individual____

Understanding the entire process
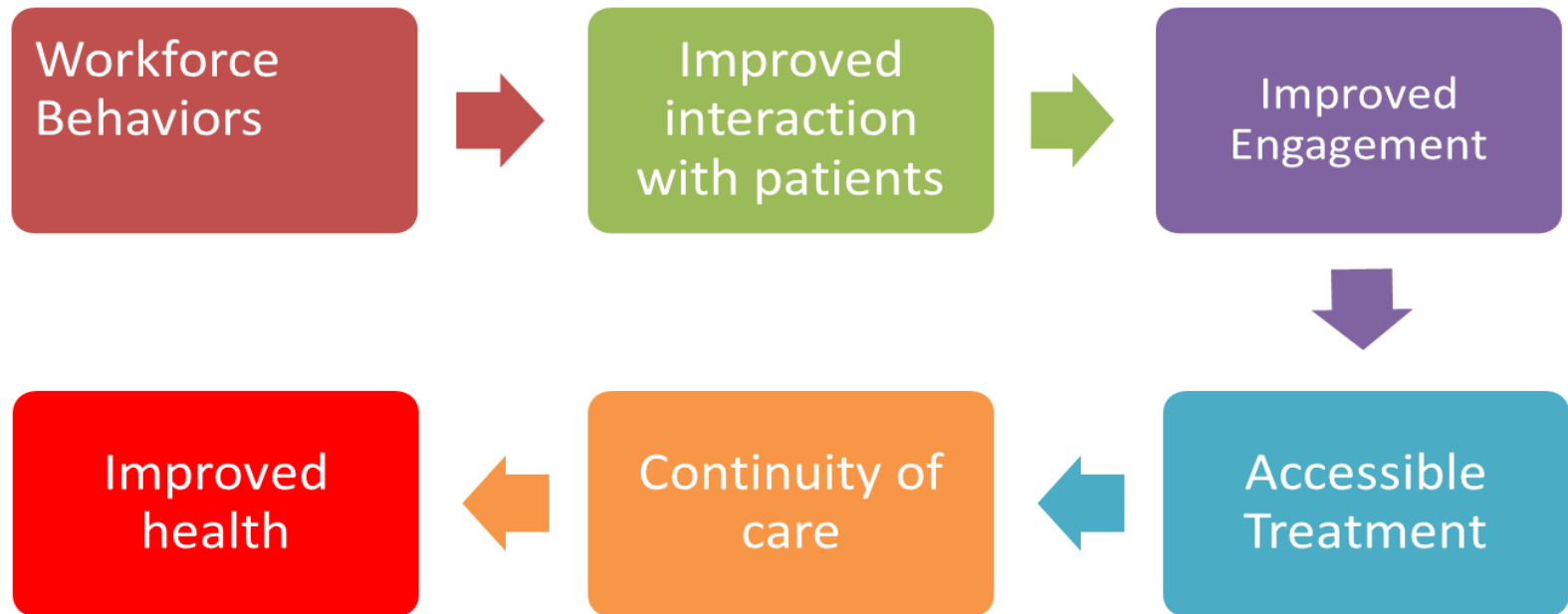
The critical question to answer:

Does the health of patients improve in response to the health provider's adoption of one or more trauma informed care principles and practices (Domains)?

Poll Question: What best describes your data collection system

A. We have a good system in place to measure our TIC efforts
B. We have fairly good system in place
C. Our system is marginally adequate
D. Our system is not working well

Domain 3: Workforce Development and Best Practices

Workforce Behaviors → Improved interaction with patients → Improved Engagement → Accessible Treatment → Continuity of care → Improved health

Let's review the work plan – G&O

TIC IC Work Plan - Project Goals and Objectives Tool

TIC Domain	Goals/Objectives	Performance Indicators (measures /outcomes for each G/O)	Action Steps (include lead person and date to be achieved for each step)	Action Steps
	1. 2. 3. 4.			

Monitoring Progress and Outcomes

- Based on OSA, develop achievable goals, objectives, persons responsible and timeline
- Identify specific performance indicators to measure progress
- Use team meetings to review progress and challenges (use Performance Monitoring Tool-PMT)
- Address challenges or obstacles to progress
- Share and celebrate progress and outcomes

Next Steps:

- Based on the OSA and PMT findings
    a) Develop a work plan with 1-3 goals
    b) Submit OSA/PMT and Work Plan by February 26th
- Establish a monitoring system
- Mark your calendars for the March Webinars

    Please note:

    March 17th at 2:00pm – Review of Domain Tools

    March 24th at 2:00pm – Creating Sanctuary
- Hold 3rd Thursday of each month except for May-changed to May 5th on Screening and Assessment
- Use doodle calendar to schedule team coaching call

Next Webinar: Please Note

Workforce Development: Creating Safety for All
Sandy Bloom, MD (The Sanctuary Model)

March 24, 2016
2:00 – 3:00 PM EST

Webinar Schedule

Webinar Number	Date	Time
February #2	Feb. 18	2 - 3pm
March #3	Mar. 17 & Mar. 24	2 - 3pm
April #4	Apr. 21	2 - 3pm
May #5	May 5	2 - 3pm
June #6	Jun. 16	2 - 3pm
July #7	Jul. 21	2 - 3pm
August #8	Aug. 18	2 - 3pm

Resources

SAMHSA's Concept Paper on trauma and TIC

Link: http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

SAMHSA TIP 57 on TIC

Link: http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

CIHS Website/Trauma Section

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

National Council TIC in Primary Care Website

Link: http://www.nationalcouncildocs.net/trauma-informed-care-learning-community/tic-in-primary-care

Contact Information

Tony Salerno, PhD

tonys@thenationalcouncil.org

Listserv

Look for updates from:
trauma_informed_care_ic

Q & A

Thank you for joining us today!

Please take a moment to provide feedback by completing the survey at the end of today's webinar

Linda Ligenza/lindal@thenationalcouncil.org
Madhana Pandian/madhanap@thenationalcouncil.org