Engagement & Population Health:

Improving Health Outcomes Through Trauma-Informed Culture and Practice

Yves Ades, Ph.D. - Ades Integrated Health Strategies
Bradley Jacobs, LCSW - The Coalition for Behavioral Health

Agency's Core Values

Continuous Quality Improvement
Agency engages in an ongoing effort to improve its services and internal practices.

Respect
Agency acts on its belief in the essential dignity and value of each individual by treating everyone with compassion, caring and courtesy.

Maximize Individual Potential
Agency works with people to help them reach their individual potential.

Supportive Environment
Agency believes that people need each other to achieve their goals, and creates a supportive environment where people can share ideas and information freely to foster creativity, communication and collaboration.

Integrity
Agency is committed to acting with integrity, as demonstrated by treating people consistently, honestly and fairly to help them achieve their own goals and the goals of the agency

Recovery

In a study of the long-term outcomes of individuals diagnosed with schizophrenia, people were asked what made the most difference in their struggles toward *recovery*. The number one reason people gave was "someone believed in me."

-Courtney Harding

Defining Recovery

- Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.

- For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability.

- For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Characteristics of Recovery Based Practice (RBP)

- ▶ RBP is characterized by being a person-driven and strengths-based approach.

- ▶ RBP practitioners believe that all people are capable of growth and change.

- ▶ RBP practice starts where the person is at and works toward the person's own goals.

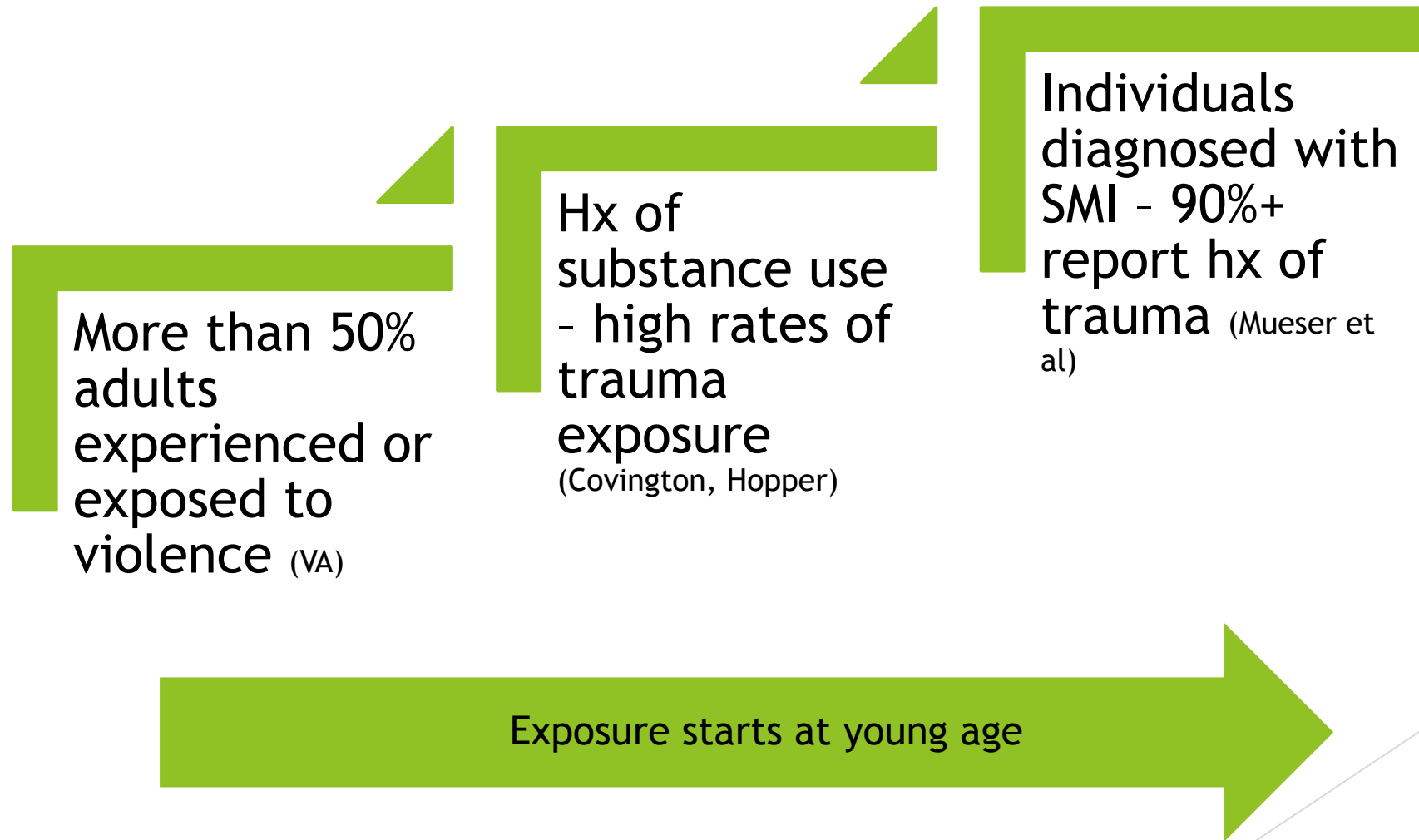- ▶ RBP provides support through encouragement and creates opportunities for connection and success.

Recovery Based Practice is about…

▶ Forming relationships with people, not just making diagnoses

▶ Helping to rebuild lives, not just treat symptoms

▶ Treating people like they are capable of self-direction and growth, not as incapacitated patients

▶ Forming real emotional relationships, not artificial treatment relationships

▶ Hope, empowerment, self-responsibility and respect, community integration, and fighting stigma

Trauma Training Overview:

- Define Trauma

- Child Traumatic Stress

- Long-term Effect of Trauma

- Trauma, the Brain, and the Body

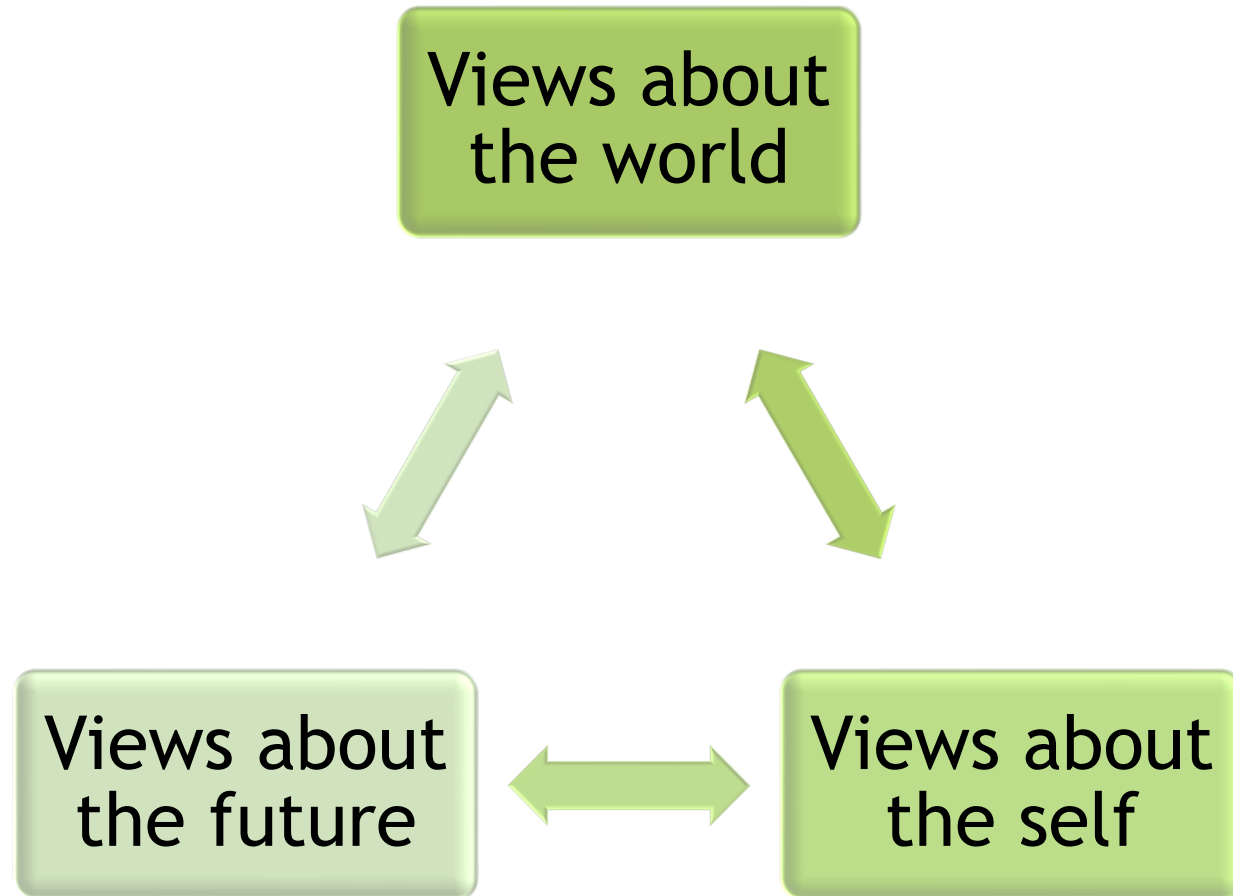- Trauma Informed Care

- Compassion Fatigue

Prevalence of Trauma
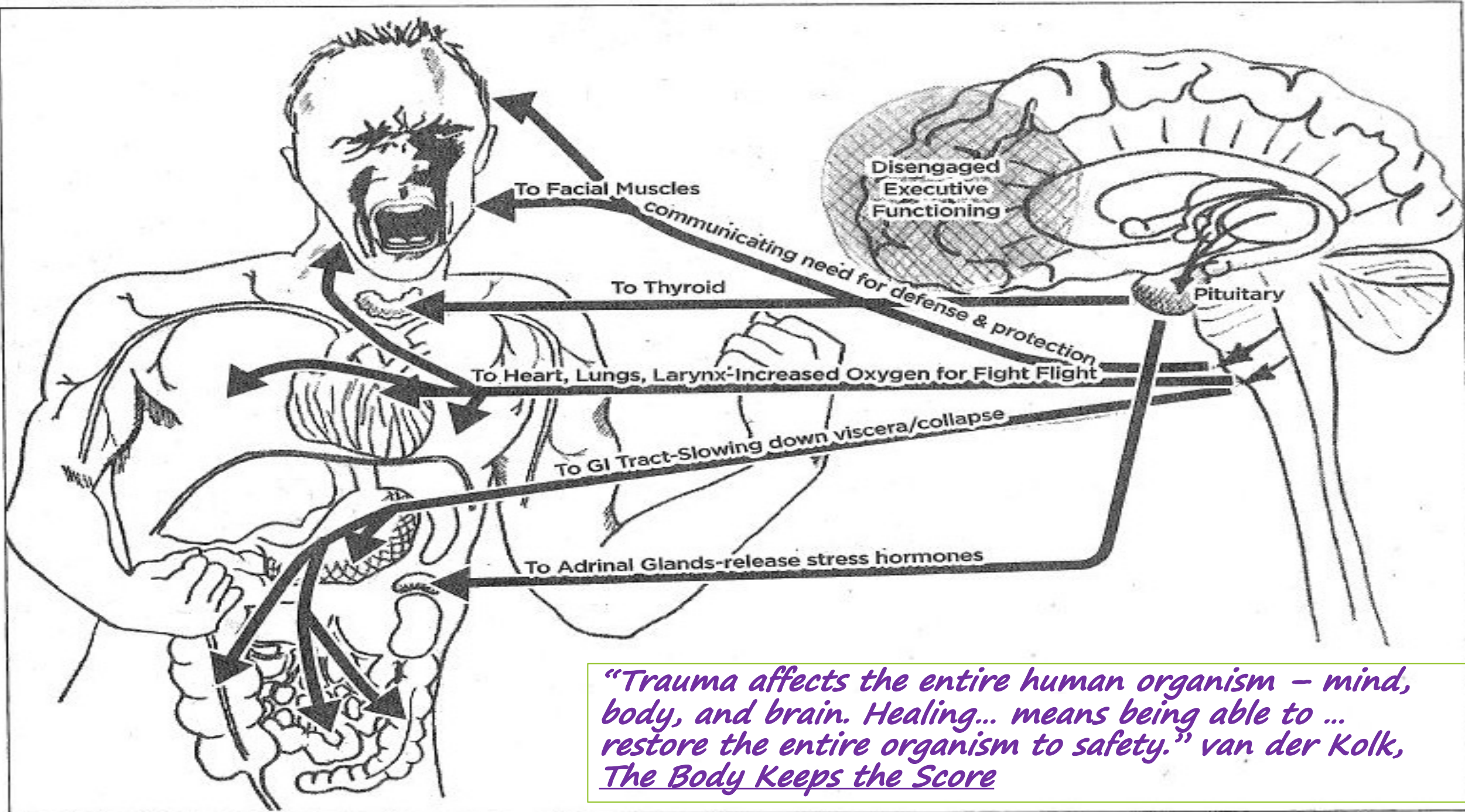
More than 50% adults experienced or exposed to violence (VA)

Hx of substance use – high rates of trauma exposure (Covington, Hopper)

Individuals diagnosed with SMI – 90%+ report hx of trauma (Mueser et al)

Exposure starts at young age

What is trauma?

- A traumatic event is one in which a person **experiences** (witnesses or is confronted with):
  - Actual or threatened death
  - Serious injury
  - Threat to physical integrity of self or another

- Responses to a traumatic event may include
  - Intense fear
  - Helplessness
  - Horror
  - Attachment

- (Marcenich, 2009)

Cognitive Triad of Traumatic Stress

Views about the world

Views about the future

Views about the self

SAMHSA. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Rockville, MD: SAMHSA, 2014.

DRAWING BY LICIA SKY

Disengaged Executive Functioning

Pituitary

To Facial Muscles

communicating need for defense & protection

To Thyroid

To Heart, Lungs, Larynx-Increased Oxygen for Fight Flight

To GI Tract-Slowing down viscera/collapse

To Adrinal Glands-release stress hormones

"Trauma affects the entire human organism – mind, body, and brain. Healing... means being able to ... restore the entire organism to safety." van der Kolk, *The Body Keeps the Score*

Impact of Childhood Trauma

*A report of child abuse is made every ten seconds in the United States.*

(Childhelp, 2013)

Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more like to be arrested as an adult, and 30% more likely to commit a violent crime.

(Child Welfare Information Gateway, 2006)

Child Traumatic Stress

- Child traumatic stress is the physical and emotional response a child has to events that pose a threat to the child or someone important to them

- When a child experiences trauma, the child may be unable to cope, have feelings of terror and powerlessness and experience physiological arousal they cannot control.

- A traumatic event can effect the way children view self, the world around them, and their future.

- Unresolved childhood trauma can have a lasting impact into adulthood

ACEs
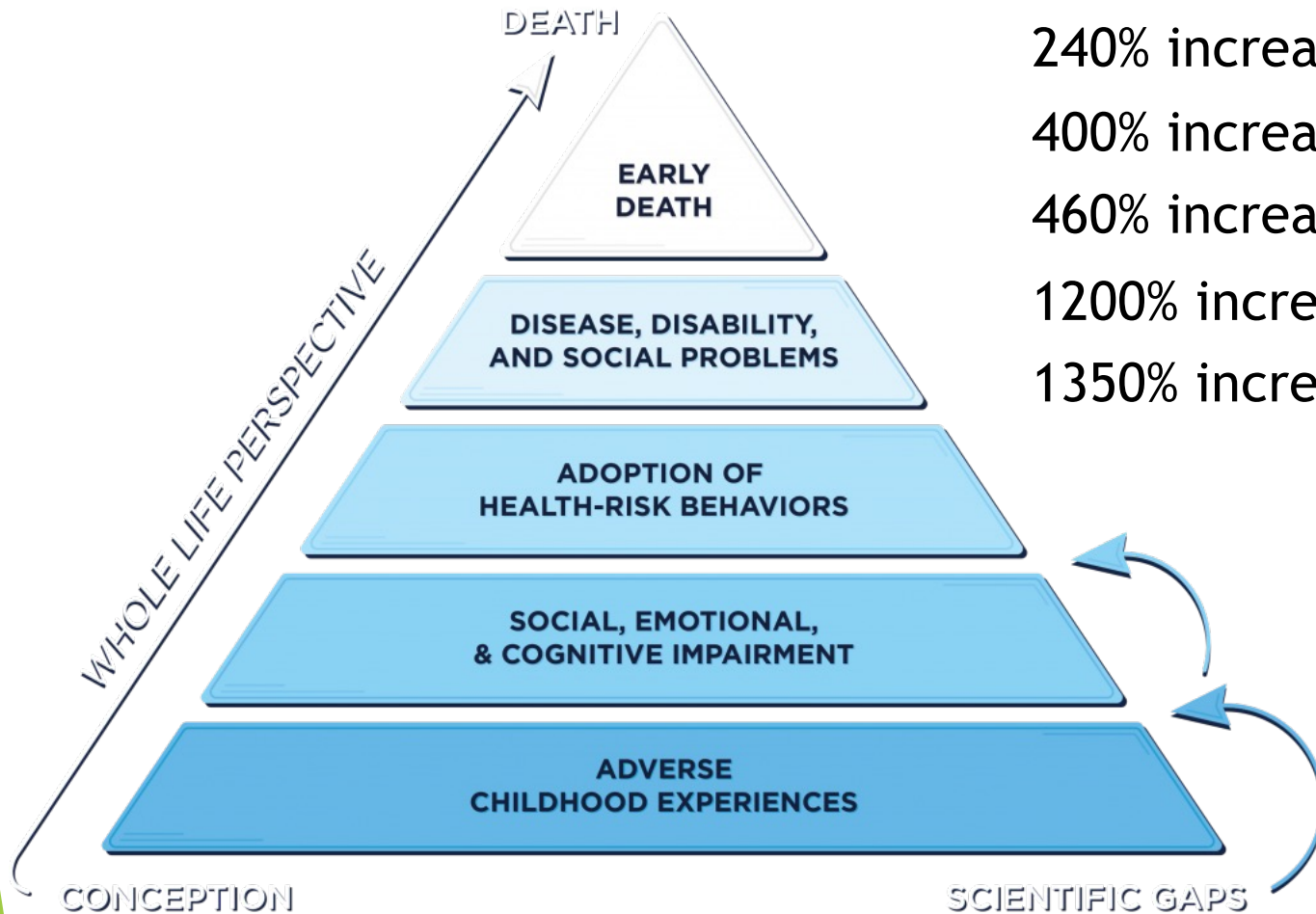
ACE of 4:

240% increased risk of hepatitis

400% increased risk of emphysema

460% increased risk of depression

1200% increased risk of suicide

1350% increased risk of IV drug use

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

A traumatized brain and body experiences:

Hopelessness and powerlessness	Fear and anxiety
Low self-esteem	Flashbacks and panic attacks
Trust issues	Dissociation and "numbing"
Sleep disturbances	Depression and suicidal thoughts/actions
Space and touch issues	Self-harm

- **Symptoms overlap – can be difficult to assess**

- **Mental illness may increase risk for trauma**
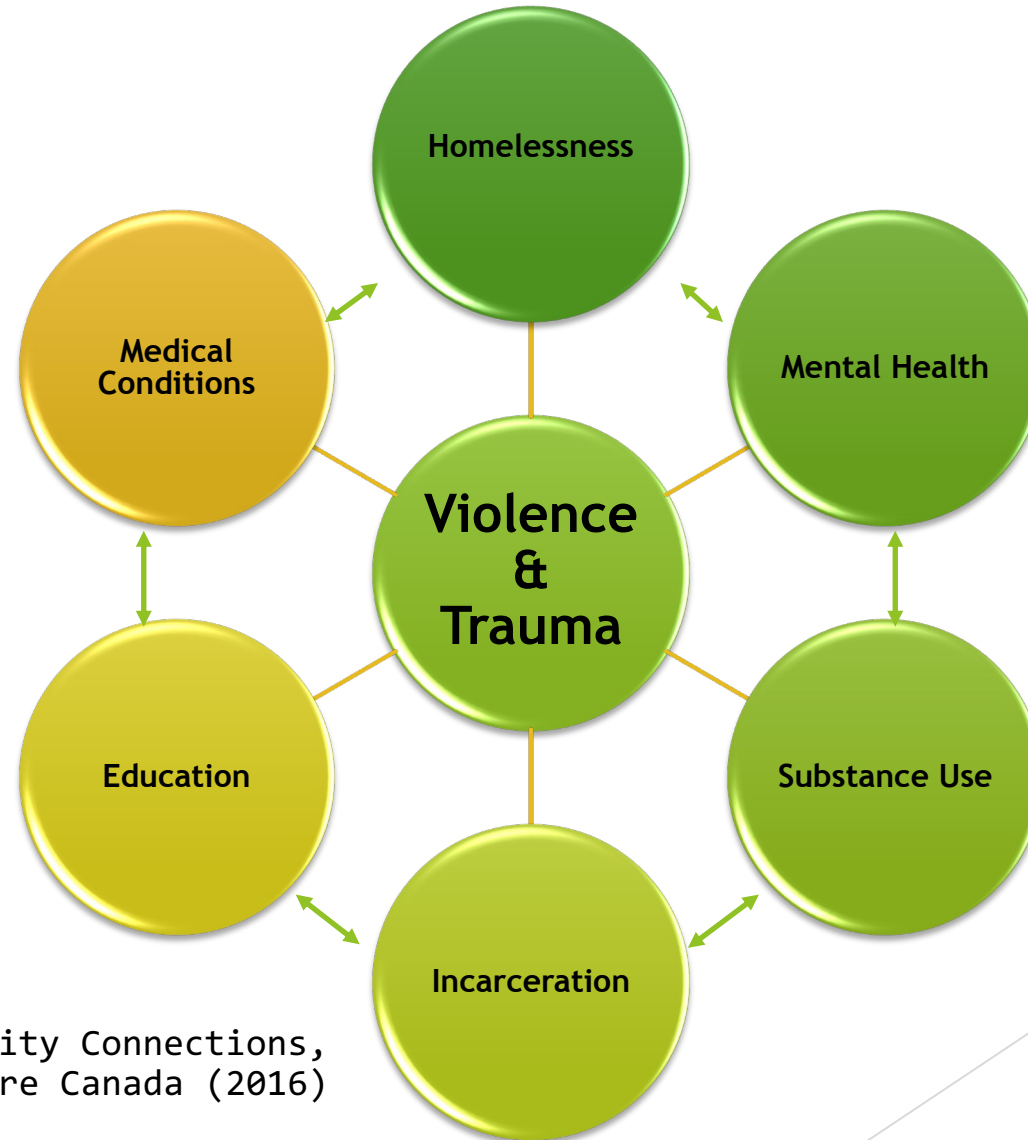
- **Trauma may exacerbate mental illness**

Long Term Effects

Trauma-Informed Culture in Organizations and Systems

The Centrality of Trauma

Adapted from Lori Beyer, Community Connections,
Presentation to IHK Health Centre Canada (2016)

Trauma Informed Culture

Meeting the needs of trauma survivors requires that organizations become "trauma-informed." This means looking at all aspects of programming through a trauma lens, constantly keeping in mind how traumatic experiences impact consumers – clients seeking and using services of your organization.

The goal of trauma informed care is to return a sense of control and autonomy to the consumer/survivor.

What hurts…

- *Different bathrooms for clients and staff*

- *Professional has cup of coffee, does not offer one to client*

- *"Professionals don't want to hear about or deal with sexual abuse"*

- *"Case manager came to my house uninvited. I asked him to leave and he wouldn't, so I slammed the door. I got labeled "violent."*

- *Not recognizing the power imbalance inherent in staff/client relationship, especially between psychiatrist and client.*

- *"You have to tell your story all over again and again, even within the same institution."*

- *"A client may not disclose or remember, or the questions are not asked, and so people get misdiagnosed."*

Jennings and Ralph (1997) – In Their Own Words

What helps…

- *"Staff who are calm, who will sit and listen in a relaxed manner are essential."*

- *There needs to be "an intake system staffed by people who are knowledgeable about trauma…"*

- *Staff trained to help in times of crisis.*

- *"Work and vocational opportunities focus on something outside of stress, develop competency and strength."*

- *"Hire recovering people in mainstream positions to provide services and to function as a lightning rod for what needs to be changed."*

Jennings and Ralph (1997) – In Their Own Words

Trauma Informed

- Recognition of high prevalence of trauma

- Assess for Traumatic Histories & Symptoms

- Recognition of culture and practices that are re-traumatizing to consumers

- Power/Control minimized-constant attention to culture

Non Trauma Informed

- Lack of education on trauma prevalence

- Cursory or no Trauma Assessment for consumers

- Tradition of "toughness" valued as best care approach

- Keys, security, uniforms, staff demeanor, and tone of voice = **POWER**

Trauma Informed

- Caregivers/Supporters = *Collaboration*

- Staff understand that violence and conflict arise, most often, due to situational factors

- Understand that all behavior had meaning

- Transparent systems open to outside parties

Non Trauma Informed

- Rule Enforcers = *Compliance*

- "Patient- blaming " is norm

- Behavior seen as intentionally provocative & volitional

- Closed system- advocates discouraged/barred

SAMHSA's Principles of Trauma-Informed Care

- Safety: ensuring physical and emotional safety

- Trustworthiness and Transparency: maximizing trust, making tasks clear, maintaining appropriate boundaries

- Choice: prioritizing participant choice and control

- Collaboration and mutuality: increase collaboration and sharing power

- Empowerment: prioritizing empowerment and skill-building

SAMHSA. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Rockville, MD: SAMHSA, 2014. AND Lori Beyers, Community Connections

Steps to Trauma-Informed Practice & Culture

Safe Context

- Address physical and emotional safety
- Views survivor in context of culture and life experiences
- Provides information
- Consistency, transparency, predictability
- Sensitive to fear (recognizes flashbacks)
- Demonstrates patience

Restore Power

- Offers choice
- Shares power and empowers
- Develop skills to handle challenges
- Strengths perspective
- Behaviors understood as survival

Build Self Worth

- Offers respect
- Fosters connection
- Proactive: helps anticipate challenges
- Develop skills to handle challenges
- Stays out of judgement
- Collaborative

TIC Implementation Domains

- Governance & Leadership

- Policy

- Physical Environment

- Engagement & Involvement

- Cross Sector Collaboration

- Screening, Assessment, Treatment Services

- Training & Workforce Development

- Progress Monitoring and Quality Assurance

- Financing

- Evaluation

Policies & Procedures

Leadership & Agency Commitment

- Trauma leadership team
- TIC written into agency mission, program descriptions
- People with lived experience have leadership roles

Environment & Safety

- Physical space reviewed for safety
- Physical space is welcoming
- Crisis protocols for participants & staff
- Participant input considered

Policies & Procedures

Workforce Development
- Training for all staff on TIC – how often?
- Appreciation of workforce trauma
- Training on responding to reactivity
- Regular & beneficial supervision of staff
- Trauma part of hiring and performance review process

Services & Service Delivery
- First point of contact is welcoming & engaging
- Policies related to "rules" is reviewed and easy to understand
- Peer support available and offered
- Cross-system collaboration is expected
- Intake forms and processes consider trauma

Screening & Assessment:
Things to Keep in mind

- Provide information about what to expect

- Clarify reason for asking

- Be aware of own emotional responses

- "no need to probe deeply"

- Give control of process

- Self-administered versus interviews

- Allow time

- Interviewers familiar with grounding techniques

- Make use of resilience scales

Mary Dino – NYU Child Study Center

Ethics of STS and Self-Care

▶ In order to accomplish in helping a traumatized individual you must learn to manage your own trauma and stress

▶ Secondary Traumatic Stress or Compassion fatigue is trauma that is experienced by individuals who help others.

Compassion Fatigue

- Compassion fatigue is a natural consequence of helping traumatized individuals. It is often due to the empathy the "helper" feels from working with individuals who have suffered

- Symptoms included:
  - Irritability
  - Apathy
  - Loss of Motivation
  - Fatigue
  - Overwhelmed
  - Loss of interest in things you enjoy
  - Intrusive thoughts

Preventing Compassion Fatigue

- Identify
- Maintain a balance between work and life
- Eat healthy
- Exercise
- Maintain a good support system
- Don't be afraid to feel emotions
- Beneficial supervision

Coping with Compassion Fatigue

- Develop a plan to implement healthy behavior
- Develop healthy boundaries
- Do not feel afraid to ask for help
- Use available resources

Universal Assumption of Trauma

- **Respond** with flexibility, sensitivity, and patience
- **Interact** with respect, information, and choice
- **Safety** is the primary goal

Trauma-Informed Culture and Population Health: The Connection

1. RECOVERY + TRAUMA INFORMED CULTURE = ENGAGEMENT

2. ENGAGEMENT = IMPROVED HEALTH OUTCOMES

3. RECOVERY + TRAUMA-INFORMED CULTURE = IMPROVED HEALTH OUTCOMES (TRIPLE AIM)

QUESTIONS ?

Yves Ades, Ph.D. - Ades Integrated Health Strategies - adesy.ihs@gmail.com

Bradley Jacobs, LCSW - The Coalition for Behavioral Health – bjacobs@coalitionny.org

References

1. National Executive Training Institute (NETI). (2005). *Training curriculum for reduction of seclusion and restraint. Draft curriculum manual*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), National Technical Assistance Center for State Mental Health Planning (NTAC)

2. Childhelp, National Child Abuse Statistics: Child Abuse in America, (1), Available at www.childhelp.org/pages/statistics

3. Greene, R. R. (Ed.). (2002). Resiliency: An integrated approach to practice, policy, and research. Washington, D.C.: NASW Press.

4. Alvarez, G. and Sloan, R., Trauma: Considering Behavior Through a Trauma Lens, (2012) Powerpoint Presentation: Eyerly Ball-Westminster House, 1-49.

5. Centers for Disease Control and Prevention (CDC). Adverse Childhood Experiences (ACE) Study. Available at http://www.cdc.gov/ace/

6. Gillece, Joan, Ph.D. "Understanding and Addressing Trauma in the Lives of Those We Serve..." *Substance Abuse and Mental Health Servics Administration*. SAMHSA National Center for Trauma Informed Care, n.d. Web. 1 July 2014.

7. Tunner, TIm, Ph.D. "Developing Trauma Informed Systems That Can Support People in the Community." *Substance Abuse and Mental Health Servics Administration*. SAMHSA National Center for Trauma Informed Care, n.d. Web. 1 July 2014.

8. Covington, Stephanie S. "Women, Substance Abuse and Trauma: An Integrated Treatment Approach." (n.d.): n. pag. *Center for Gender and Justice PowerPoint Presentation15*. 15 Sept. 2008. Web. 7 July 2014. <http://womenandchildren.treatment.org/documents/conference/d1_covington-508v.pdf>.

9. Mowbray CT, Oyserman D, Saunders D, Rueda-Riedle A. Women with severe mentaldisorders: Issues and service needs. In: Levin BL, Blanch AK, Jennings A, eds. Women's Mental Health Services: A Public Health Perspective. Thousand Oaks, CA: Sage; 1998:175-200.

10. Friedman SH, Loue S. Incidence and prevalence of intimate partner violence by and against women with severe mental illness. J Womens Health (Larchmt). May 2007;16(4):471-480.

11. Harris, Maxine, and Roger D. Fallot. *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass, 2001. Print.