MI and TIC
Best Practices in Integrated Care

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Trauma-Informed Practice in Integrated Care

Fostering Post-Traumatic Growth
Relevance of trauma-informed practice in health/behavioral care

Traumatic experiences have a direct impact on patients’ health and on how they engage in health care.

If a patient discloses current or past trauma, it’s important to know how to respond.

Knowing about the impact of trauma can improve patient outcomes.

Understanding trauma can help you better manage risk.

SAMHSA-HRSA Center for Integrated Health Solutions
Ways medical care can re-traumatize

Invasive procedures

Removal of clothing

Physical touch

Vulnerable physical position

Loss of and lack of privacy

Time-limited, pressured, rushed encounters

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions
Ways medical care can re-traumatize

Being asked embarrassing/distressing questions

Power dynamics of relationship

Overuse of technical medical terms

Care provider characteristics (race, age, gender, etc.)

Attitude and interpersonal style of provider

Health care system

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions
How trauma can affect patients’ engagement with care

Fear, anxiety about certain procedures
Difficulty paying attention due to fear, hyper-arousal
Easily startled, triggered
Distrustful of care providers
Appeasing behavior, overly eager to please
Being triggered, re-experiencing past trauma
Anger, accusatory behaviors

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions
How trauma can affect patients’ engagement in health care

Detached, numb, emotionless
Sadness, guilt, self-blame
Chronic unexplained pain
Repeatedly missed or cancelled appointments
Avoiding preventive care
Difficulty remembering/following recommendations

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions
Why a trauma-informed approach matters for patients and staff

Patients receive better services and care

Staff able to cope more effectively with their work and is associated with greater resilience among workers

Promotes staff retention and reduces turnover

Reduces levels of vicarious trauma experienced by staff
Trauma-awareness: Entering the shadows
How might survivors of long-term trauma complete this stem?

The world is…
They always think that I…
I will never be…
I am…
If they really cared…
“A jackhammer, sledgehammer, vacuum sweeper, lawn mower”
Under Construction

Heidi H.
I used to have no trespassing signs all over my body
Some people don’t know the meaning of boundaries
One day they came busted down my door
they came in violating code
they tore up my floors and gutted my soul
they put a jackhammer through my walls
and a sledgehammer to my head.
I have enough yellow police tape to hang myself.
“Trauma disconnects people from their bodies. In love we are 'swept off our feet.' In trauma, our legs are pulled out from under us.”

Peter Levine
“A thief”
What gets stolen?
sense of safety; trust; belief in goodness of self, other people and world; self-regulation, inner calm, feeling of groundedness; ability to problem-solve; ability to respond vs. react; control, autonomy, empowerment; confidence; health/protective factors; self-esteem, connection to own body…
Kintsukuroi (keen-tsoo-koo-roy)
The Japanese art of mending pottery using gold or silver lacquer. The broken and mended pot becomes even more beautiful than the original. A compelling metaphor for how pain, grief, and trauma in our lives can transform us in positive, even beautiful ways.
Trauma
Definitions, types, prevalence
Stress
negative stress
traumatic stress
Post-traumatic stress
Overwhelming demands placed upon the physiological system that result in a profound felt sense of vulnerability and/or loss of control.
– Robert D. Macy

Trauma

“Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.”
– Judith Herman
“Being traumatized means continuing to organize your life as if the trauma were still going on – unchanged and immutable – as every new encounter or event is contaminated by the past.”

Bessel van der Kolk, The Body Keeps the Score
“In short, trauma is about loss of connection — to ourselves, to our bodies, to our families, to others, and to the world around us... It is often hard to recognize, because it doesn’t happen all at once. It can happen slowly, over time...”

– Peter Levine
Types of Trauma

“Natural” disasters
Human events
Insidious trauma
Historic trauma
Prevalence of trauma
Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes  No  If yes enter 1 _______

2. Did a parent or other adult in the household often or very often...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes  No  If yes enter 1 _______

3. Did an adult or person at least 5 years older than you ever...
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse without your permission?
   Yes  No  If yes enter 1 _______

4. Did you often or very often feel that...
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes  No  If yes enter 1 _______

5. Did you often or very often feel that...
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes  No  If yes enter 1 _______

6. Were your parents ever separated or divorced?
   Yes  No  If yes enter 1 _______

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes  No  If yes enter 1 _______

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No  If yes enter 1 _______

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes  No  If yes enter 1 _______

10. Did a household member go to prison?
    Yes  No  If yes enter 1 _______

    Now add up your “Yes” answers: _______  This is your ACE Score.
ACE study participants

17,337 Kaiser Permanente members
Recruited between 1995-97
Nearly half female, half male
74.8% white
Average age = 57
75.2 had attended college
All had jobs and good health care (Kaiser HMO)
Questions asked

Types of childhood trauma

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member
What’s missing?

Explicit and implicit bias/racism, witnessing violence outside the home, bullying, losing a parent to deportation, living in an unsafe neighborhood, involvement with the foster care system, experiencing homelessness, living in a war zone, moving many times, witnessing a sibling being abused, witnessing a father/caregiver/extended family member being abused, involvement with the criminal justice system, attending a school that enforces a zero-tolerance discipline policy…
ACE study findings

ACEs have a powerful correlation to health outcomes later in life

Center for Nonviolence and Social Justice
Relationship between early childhood trauma and health and well-being problems later in life.

Source: World Health Organization
Correlation of ACEs to health outcomes

The higher the ACE score, the greater the risk of heart disease, lung disease, liver disease, suicide, HIV and STDs, and other risks for the leading causes of death.

Center for Nonviolence and Social Justice
Understanding the pervasive Impact of trauma
Reactions to trauma

- Fight
- Flight
- Freeze (Appease)
Trauma and the brain

The most important job of the brain is to ensure our survival, even under the most miserable conditions.

“Neurons that fire together wire together” – If you feel safe and loved you become “wired” for play and exploration; if you are frightened, unwanted, you become “wired” to manage feelings of fear and abandonment.

Bessel van der Kolk, The Body Keeps the Score
The bio-psycho-social-spiritual impact of trauma
Impact of Trauma: Ability to Function

High levels of distress, anxiety, sometimes panic
Confusion, disorientation, loss of control
Dissociation
Intrusive thoughts, hyper-arousal, avoidance
Re-experiencing traumatic events (triggers)
Impact of Trauma: 
Shattered Belief Systems

The world is unsafe
Other people are unsafe and cannot be trusted
God has abandoned me
My own thoughts and feelings are unsafe
I’m unworthy
I’m not capable
Impact of Trauma: Physical Health

Chronic pain
Gynecological difficulties
Gastrointestinal (GI) problems
Asthma
Health palpitations
Headaches
Musculoskeletal difficulties
Impact of Trauma: Mental Health

- Post-traumatic stress disorder
- Depression
- Anxiety/Panic disorder
- Attachment disorders
- Substance use issues
- Dissociative disorders
Impact of Trauma:

Mental Health

Somatization
Eating disorders
Bipolar disorder
Borderline personality disorder
Schizoaffective
Characteristics of PTSD

**Intrusion**
- Flashbacks
- Nightmares
- Recurrent images
- Intense response to triggers

**Avoidance**
- Constricted activities
- Avoiding reminders of the trauma

**Hyper-arousal**
- Irritability
- Poor concentration
- Hyper-vigilance

**Dissociation**
- Not remembering
- Feeling detached, disconnected, numb
Trauma-informed/healing-centered practices
“The compassion we seek is that which stands in awe at what (people) have to carry, rather than stand in judgment about how they carry it.”

Fr. Gregory Boyle, *Tattoos on the Heart*
Trauma-informed approaches vs. trauma treatment/therapy
Trauma-informed care is based on an understanding that recovery is possible and achievable for everyone, regardless of how vulnerable they may appear.

Hopper, Bassuk, & Olivet, 2010
“A strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma. It emphasizes physical, psychological, and emotional safety for providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment”

Hopper, Bassuk, & Olivet, 2010
Principles and guidelines of trauma-informed care

Understanding trauma and its impact

Promoting safety

Supporting client control, choice, and autonomy

Sharing power and governance

Promoting healing through relationships
Principles and guidelines of trauma-informed care

Practicing cultural humility

Integrating care

Recognizing that recovery can and does happen

Addressing secondary traumatization and promoting self-care

Adapted from Guarino, Soares, Konnath, Clervil, & Bassuk, 2009
Promoting post-traumatic growth

- Partnership
- Acceptance
- Compassion
- Evocation
Promoting post-traumatic growth

New opportunities emerge

Change in relationships

Increased sense of inner strength

Greater appreciation of life

Deepened sense of spirituality/meaning
Implementing TIC

Two-pronged approach:

1. Focus on **organizational** aspects of trauma-informed care, and

2. **Build staff skills** to work in more trauma-informed ways
Implementing TIC

Organizational Approach

Part 1:

• Organization-wide training on understanding traumatic stress and an introduction to trauma-informed care

• Identify key leaders across a variety of roles and programs to join TIC implementation team.
Implementing TIC

Organizational Approach

Part 2:

• Everyone in the agency completes a trauma-informed organizational assessment

• Analyze results of the organizational assessment and set priorities
Implementing TIC

Organizational Approach

Part 3:

• Once priorities have been set, the TIC team starts to implement the recommendations (across entire agency or selected programs)

• Complete organizational self-assessment again to measure progress

• Repeat process over 24+ months
Assess essential trauma-informed care domains
- Knowledge
- Trusting relationships
- Respect for service users
- Service delivery
- Policies and procedures

In less than 15 minutes
- Measure 35 trauma-informed care indicators
- Receive scores based on individual staff responses
- Gather data for agency-wide assessment

Assess your organization's
- Level of trauma-informed care
- Staff training needs
- Implementation priorities
Implementing TIC

Strategies to build skills

• Training in trauma-informed supervision

• Reviewing policies and procedures (could be a workshop or a working meeting)

• Creating a culture of self-care

• Trauma-informed intake, assessment, and goal-setting
Implementing TIC

Strategies to build skills

• Motivational Interviewing (introductory, advanced, skill-building via learning circles, coding, coaching, feedback, etc.)

• Safety and crisis planning, de-escalation, and conflict resolution

• Peer integration
Implementing TIC

Strategies to build skills

• Training on relationship between traumatic stress and mental health

• Training on relationship between traumatic stress and substance misuse

• Traumatic stress and… (e.g., youth, people of color, veterans, children, mothers, families)
Helping patients feel safer and more comfortable
Helping patients feel safer and more comfortable

During the reminder call invite patient to bring along someone for accompaniment, or anything that might provide comfort. Ask what questions the patient might have about the visit.

Create a calming, soothing office environment.

Greet patients by name when they arrive. Provide a warm, genuine welcome.

Minimize the power differential between the two of you (manner, posture, tone of voice, etc.)
Helping patients feel safer and more comfortable

Provide office chairs big and small enough to accommodate all sizes

Provide posters, signs, and images are welcoming to all

Make available diverse literature options (including languages other than English)

Have someone bring the patient to the exam room
Helping patients feel safer and more comfortable

Invite patient to have a support person in the room throughout the visit.

Provide relaxed, unhurried attention to the patient.

Talk over concerns and procedures before having patient sit/lie down for examination.

Validate any concerns person might have as understandable and normal.
Helping patients feel safer and more comfortable

Ask/offer individual what would make her/him feel most comfortable
- Wear a coat
- Soothing, fragrant oil on bib
- Bring a pillow, blanket, stuffed animal
- Offer squeeze ball
- Hand holding
- Visualization or meditation CD
- Listen to music or book on CD
- Keep dental chair upright
Helping patients feel safer and more comfortable

Ask if patient is ready for you to begin. Be clear that she/he can pause or end the exam or procedure at any time.

Talk to person throughout. Explain the purpose of each procedure and ask permission to perform it.

Encourage questions at any point.

If patient asks for sedatives for nerves, offer options/choices – e.g., meditation techniques, non-narcotic medication, CD on visualization
Helping patients feel safer and more comfortable

Give as much control and choice as possible about what happens how and when.

Maintain a personable, friendly manner. Be straightforward and generous with information.

Make follow-up phone call to determine immediate outcomes, determine patient satisfaction.
Questions and comments