Healthcentric Advisors
Advancing Healthcare Quality | Empowering People

Trauma-Informed Primary Care

Jenn McCarthy, EdD, EdM, MS, LCPC

Senior Program Coordinator

My TIC Journey with MEPCA

- 2014 – Katherine Power, SAMHSA presentation
- 2014-2015 – Project ECHO – Maine Chronic Pain Collaborative
- 2016 – Participation in learning collaborative with SAMHSA/Nat Con
- 2016 – Presented on TIC webinar
- 2016 – Presented BHI/TIC/SUD to Medical/Dental Directors' meeting
- 2017 – Started a doctorate program in health professions education
- 2017 – Helped plan and present TIC at the Clinical Leadership meeting
- 2017-2018 – SME contractor with SAMHSA/Nat Con & QC's Project ECHO
- 2018-2019 – DRP on TIC in Maine CHCs; SME TIC/BHI at HCA; TIC talks w/MEPCA

Learning Objectives

- **Discuss the significance and prevalence of trauma in community health center patients;**
- **Review the principles of being a trauma-informed organization;**
- **Help participants learn strategies to help both patients and staff who have experienced trauma; and**
- **Understand strategies for providers who experience secondary trauma or compassion fatigue.**

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TIC in Primary Care, By the Numbers (Sareen, 2019)

WHO study (2014), probability of 29 types traumatic events:

Sexual violence	33%
Interpersonal	42%
Organized violence	14%
Other life events	12%

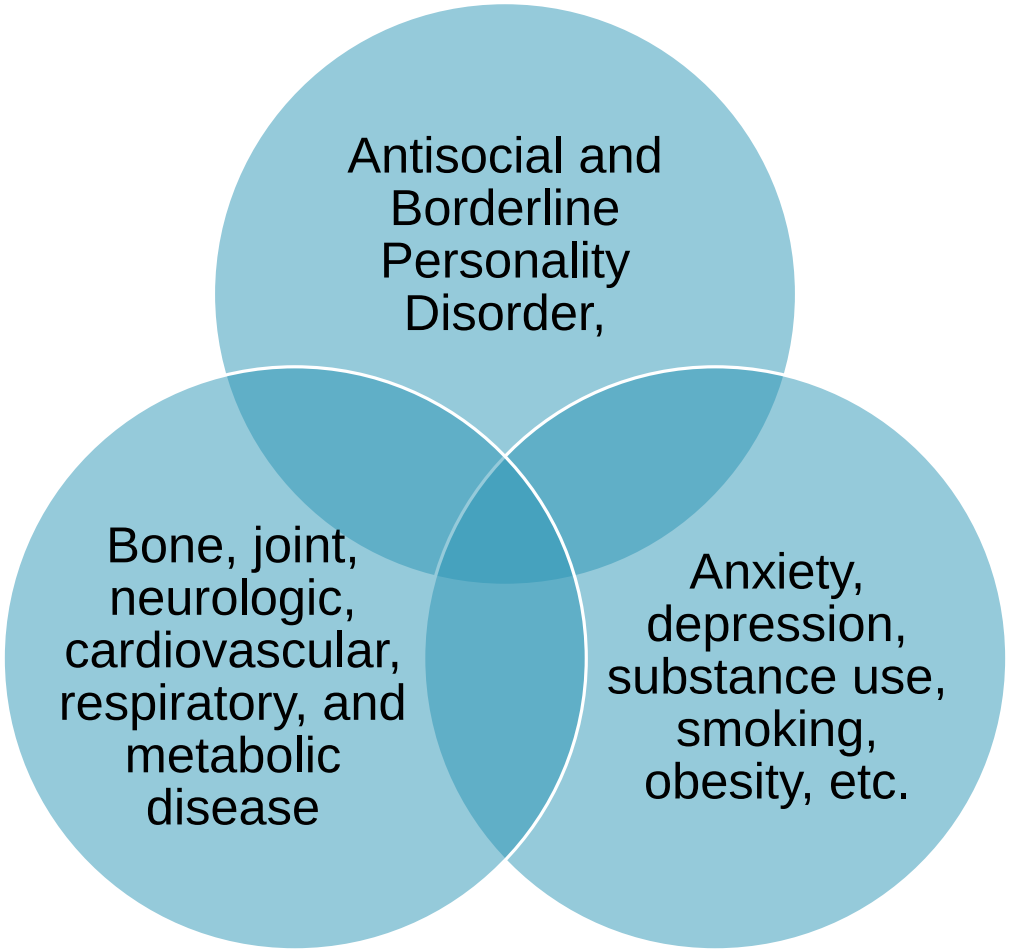
U.S. – 82.7% (n=5,692) exposed to severe events,

8.3% developed PTSD

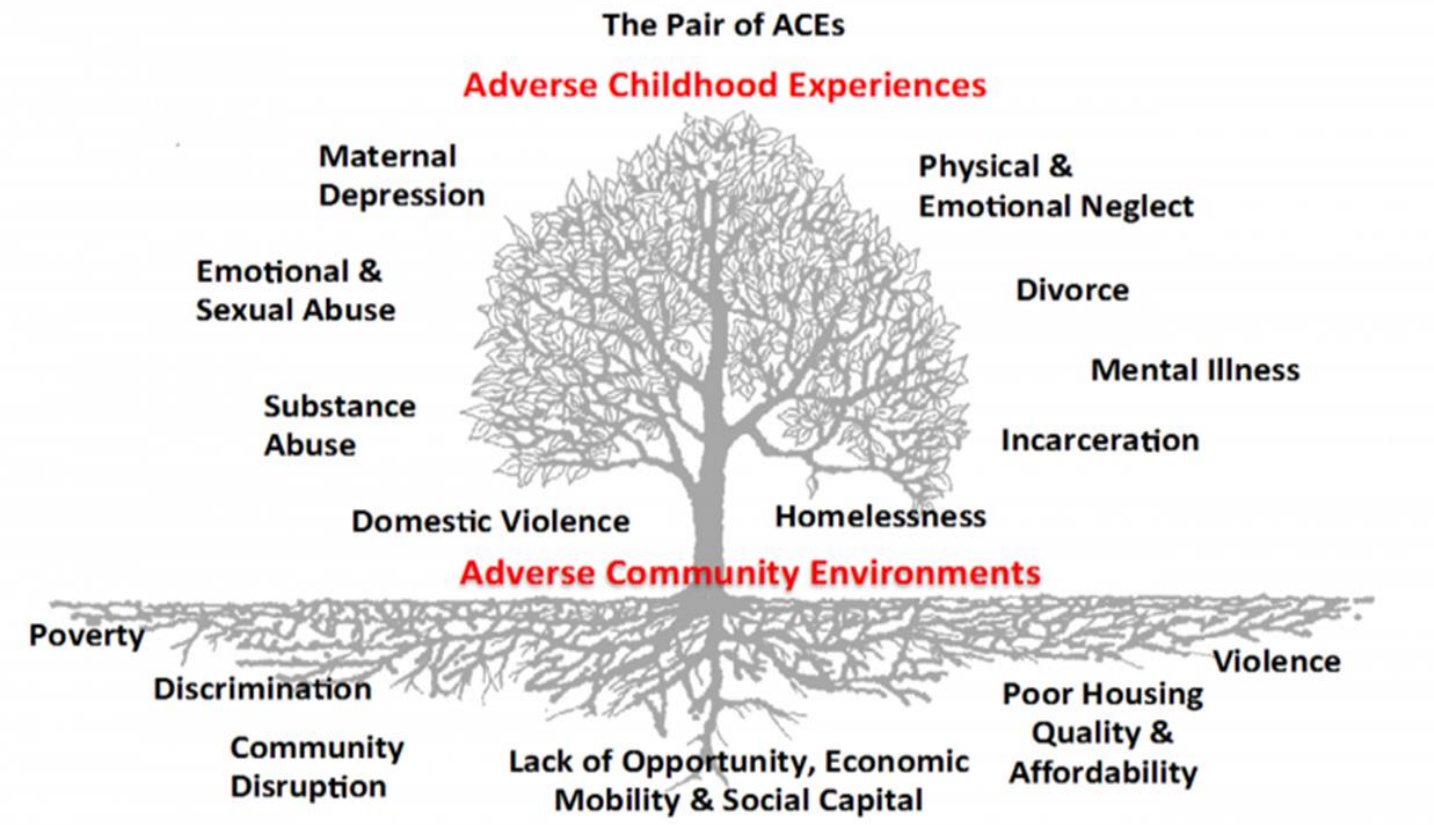
65% CHC patients,

12% developed PTSD

Medical Manifestations:



The Pair of ACEs



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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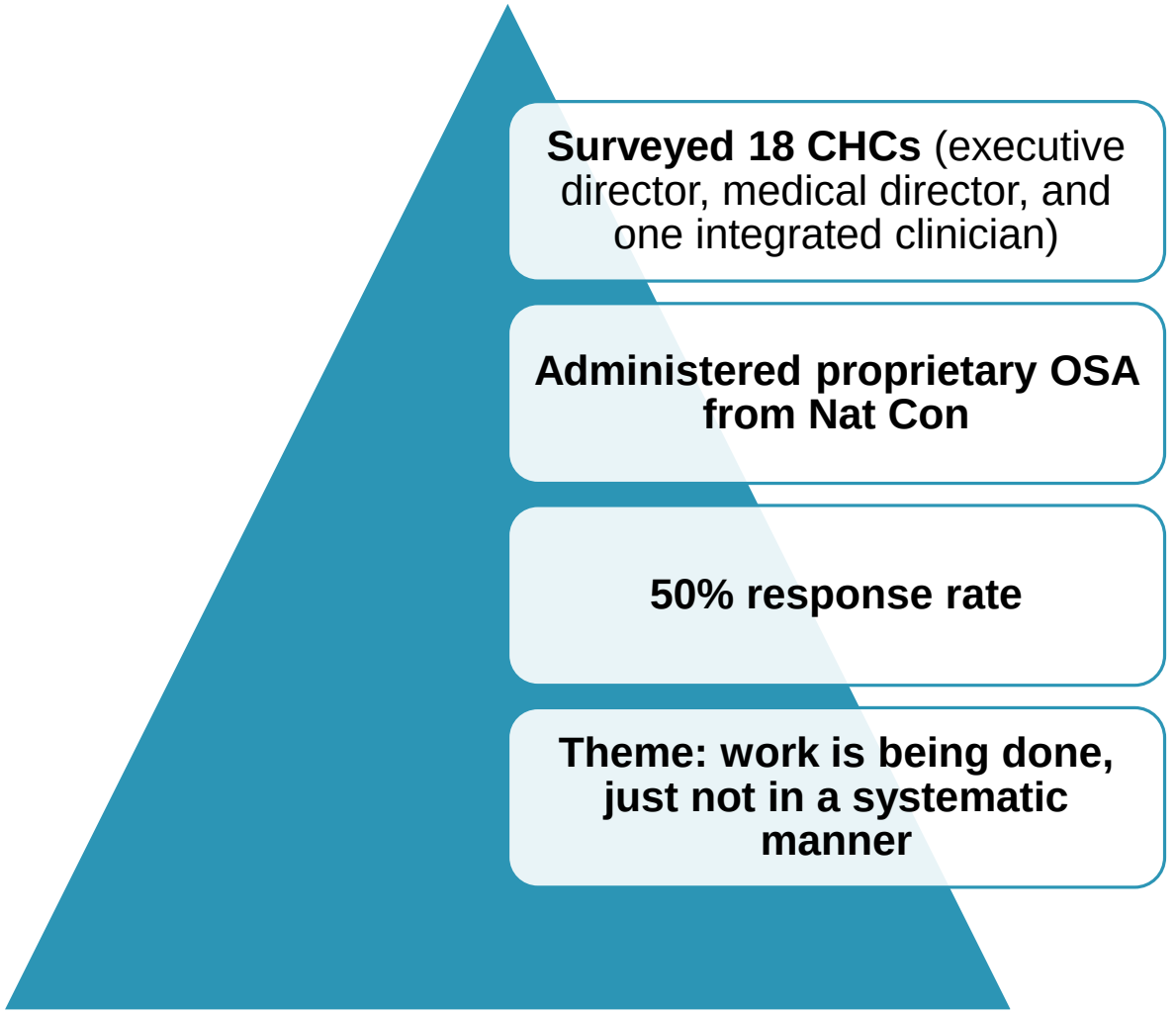
My DRP


Surveyed 18 CHCs (executive director, medical director, and one integrated clinician)
Administered proprietary OSA from Nat Con
50% response rate
Theme: work is being done, just not in a systematic manner

The Essence of Trauma-Informed Care

Importance of Relationships

What's wrong with you? vs. **What happened to you?**

What hurts?

- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, and judgmental
- Language barriers
- Referring by their condition
- "It's not that bad"
- "Worse things have happened to people"

What helps?

- Interactions that express kindness, patience, reassurance, acceptance and listening
- Ask for clarification
- Person-first language
- "I'm sorry this happened to you"
- "That must have been very scary!"

The Core Principles

Safety	• How can we ensure physical and emotional safety for staff and patients/clients throughout our system of care?
Trustworthiness	• How can we maximize trustworthiness as administrators and supervisors? Make tasks and procedures clear? Be consistent?
Choice	• How can we enhance staff and residents'/patients'/clients' choice and control in their day-to-day work and lives?
Collaboration	• How can we maximize collaboration and sharing of power with staff and residents/patient/clients?
Empowerment	• How can we prioritize staff and resident/patient/client empowerment

Organizational Culture Shift

Universal Precautions

We assume that everyone has experienced some type of adverse event, unless otherwise notified.

Trauma-informed Lens

Involves everyone adopting a new way of thinking and acting (more than new information)

The 4Rs

- ***Realizes*** - Realizes widespread impact of trauma and understands potential paths for recovery (*understand the basics of ACEs science and SDOH*)
- ***Recognizes*** - Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system (*use prescreening and screening tools to gather and share information*)
- ***Responds*** - Responds by fully integrating knowledge about trauma into policies, procedures, and practices (using MI skills, *help patient understand the role of trauma, the triggers, and how to de-escalate*)
- ***Resists*** - Seeks to actively resist re-traumatization (*ensure safety, reduce repeated interviews, coordinate care, and coach prior to appointments*)

Prescreening Questions

1. **Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically or behaviorally?** For example, leading to problems: sleeping, eating, completing daily tasks, being around others ongoing places,(behavioral) - with excessive physical body pain/discomfort (physical) - periods of prolonged sadness/tearfulness, increased fear or irritability/anger (emotional)
2. **Do you think any of these problems bother you now?**

   Do you want to discuss the problems?

Screening Tools

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

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

1. Did a parent or other adult in the household **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** …
   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
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?

LIFE EVENTS CHECKLIST (LEC)

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally, (b) you *witnessed it* happen to someone else, (c) you *learned about it* happening to someone close to you, (d) you're *not sure* if it fits, or (e) it *doesn't apply* to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	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)					

Small Group Discussion

- What/Who do you need to make TIC a way doing business?
- Have you trained your entire staff?
- What are your workflows for prescreening, screening, and referring to treatment?
- Which screening tool did you adopt?
- Are you collecting any data?
- Is TIC part of your strategic plan?

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TIC Strategies – Patients

- Offer a calming, soothing office environment
- Give as much control and choice as possible about what happens/and when
- Validate concerns as understandable and typical
- Be flexible about having a support person in the room
- Ask permission (MI skills)
- Explain what each procedure is and obtain consent
- Be clear that can patient can pause or end the exam or procedure at any time
- Ask if he/she might feel safer with the door open, closed or ajar
- Have patient change into gown right before provider enters

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TIC Strategies for Providers/Staff

Use MI to partner with patients – Everyone is on their own journey!

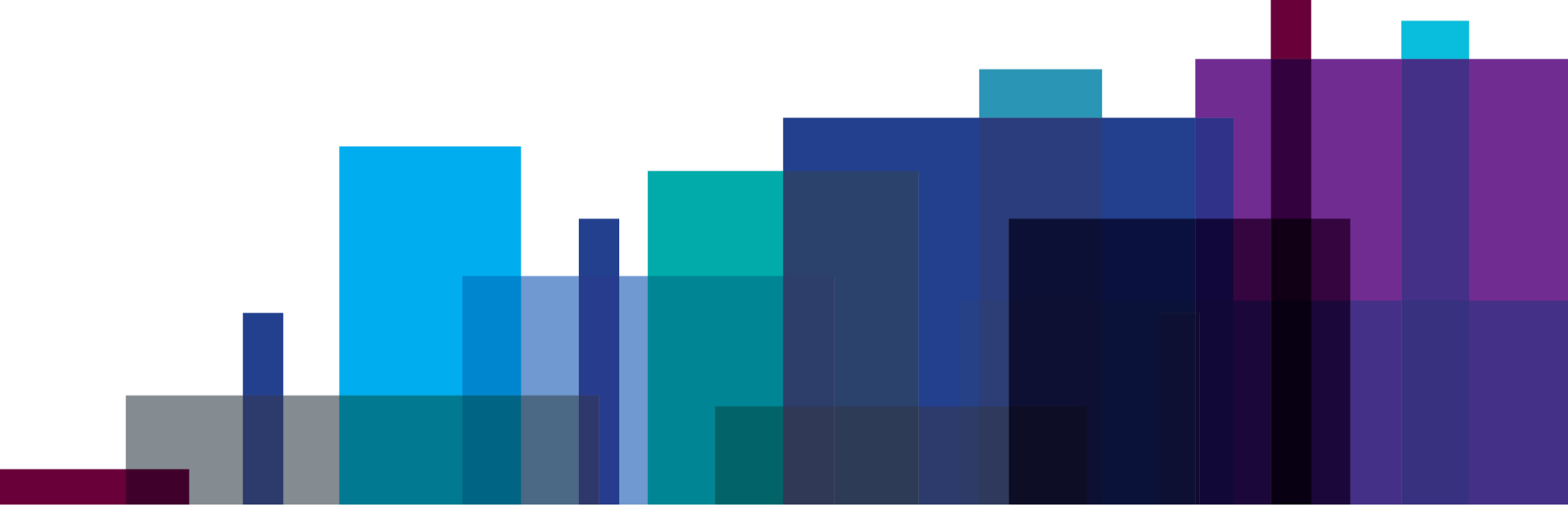
Debriefing sessions for validation/support

PTO

EAP services

Professional Development

Social Activities



How Can We Help You?

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Q&A

THANK YOU!

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References

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