Trauma-Informed Primary Care: Fostering Resilience and Recovery

A Change Package for Advancing Trauma-Informed Care in Primary Care Settings

November 19, 2019
Trauma-Informed Primary Care: Fostering Resilience and Recovery

About the Zoom Webinar Platform

• Each participant received a unique link to join the webinar via the email used during registration, this link should not be shared.

• Please listen to the webinar through your audio speakers, if you are having trouble you may call in to listen through the phone:
  Call in: 1-669-900-6833 or 1-929-436-2866
  Webinar ID: 788-683-928#

• Please keep your phone/computer muted when you are not speaking to prevent background noise.
About the Zoom Webinar Platform

• You may use the chat box for comments.
  – Select “All panelists and attendees” when submitting a comment in the chat box if you’d like your comments/questions viewable to all attendees

• This webinar features closed captioning.
  – Select the CC/Subtitle option on the bar at the bottom of the window to show captions

• Slides and a link to the webinar recording will be emailed to all participants, and will be made available on the NHCVA website after the event: www.nhcva.org
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Today’s Sponsors

Lisa James
Director of Health
Futures Without Violence

Brigid McCaw, MD, MPH, MS, FACP
Past Chair of NHCVA

Martina Jelley, MD, MSPH, FACP
Professor and Vice Chair for Research,
Department of Internal Medicine
University of Oklahoma School of Community Medicine
Trauma-Informed Primary Care: Fostering Resilience and Recovery

This webinar is generously sponsored by:

THE NATIONAL HEALTH COLLABORATIVE ON VIOLENCE AND ABUSE

NATIONAL COLLABORATIVE ON trauma-informed
HEALTH CARE EDUCATION & RESEARCH
Empowering health care professionals to deliver trauma-competent care

Communications@TheNationalCouncil.org
202.684.7457
1400 K St. NW, Suite 400, Washington, DC 20005

www.TheNationalCouncil.org
About NHCVA

Recent and compelling scientific evidence demonstrates strong associations between violence and abuse, long-term serious health consequences, and both direct and indirect costs. A strong voice from health care and related organizations is essential to help guide the nation's health responses to violence and abuse.

The National Health Collaborative on Violence and Abuse (NHCVA) is the successor to the AMA National Advisory Council on Violence and Abuse, which provided key advice and expertise from 1992 – 2009. NHCVA is the only independent organization of medical societies and other health focused organizations dedicated to advancing the nation's efforts to prevent and to address the health harms of violence and abuse.

The VISION of NHCVA is a healthier nation in which people live free from the pain and suffering of violence and abuse, and without fear of harm or retaliation. A community without violence and abuse is the foundation of hope for a more peaceful world. Children, adults and elders thrive best in respectful interpersonal relationships.

The MISSION of NHCVA is to bring health organizations together to work collaboratively to:

- Advance health policy at the state and federal level.
- Develop the capacity of health professionals and the infrastructure of health systems to prevent and address the harms of current or past exposure to violence and abuse.
- Partner with communities, advocacy organizations and other groups to create societal and cultural change that reduces risks for violence and abuse.

www.nchva.org/background-and-focus
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Members

NHCVA reaches more than 850,000 health and allied professionals among its 30 member organizations and professional disciplines it represents.

2019–2020 Officers

Jeanette M. Scheid MD, PhD
NHCVA Past Chair

XinQi Dong MD, MPH
NHCVA Chair

Tonya McFadden, MS, MSA
NHCVA Chair-Elect

www.nchva.org/members
A multidisciplinary group of health professionals working to advance trauma-informed care across the continuum of practice through ground-breaking, transformative interprofessional education and research.

- 85+ members located in 20 states representing 28 universities, 9 hospitals, 3 VA facilities, and 2 national non-profit organizations.
- Affiliated with the Academy on Violence and Abuse and ACEs Connection
- Current focus on competencies in trauma informed care in medical school
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Today’s Presenters

Karen Johnson, MSW, LCSW
Consultant
National Council for Behavioral Health

Sharday Lewis, MPH
Project Manager
National Council for Behavioral Health

Rina Ramirez, MD
Chief Medical Officer
Zufall Health Center
Trauma-Informed Primary Care: Fostering Resilience and Recovery
ACKNOWLEDGEMENT

Our work together is generously funded by Kaiser Permanente National Community Benefit, Safety Net Partnerships
The 1st initiative with National Council and Kaiser Community Benefits highlighted need for creation and implementation of standardized and scalable trauma-informed care practices in the primary care setting.
The current three year initiative developed, tested and is disseminating a change package, specifically focused on:

- Agreed upon trauma-informed care components
- Implementation processes
- Trauma screening and response processes
- Workforce considerations
- Trauma-specific interventions
- Outcome measures
- Sustainability practices
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Practice Transformation Team & Learning Community

Feedback

Practice Transformation Team

Content Development

Learning Community
Practice Transformation Team

- Diverse group of national experts
- Leaders from primary care and trauma-informed care
- Researchers and educators
- Advocates
- Safety net representatives
- Federal agency representatives
- Reflective of Kaiser Permanente footprint
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Our Learning Community

Family Medicine

COLORADO COALITION FOR THE HOMELESS

RICHMOND BEHAVIORAL HEALTH AUTHORITY

Peninsula Community Health Services

ZUFALL HEALTH COMMUNITY HEALTH CENTERS

MĀLAMA I KE OLA HEALTH CENTER

Communications@TheNationalCouncil.org
202.684.7457
1400 K St. NW, Suite 400, Washington, DC 20005

www.TheNationalCouncil.org
This Change Package is

A practical toolkit that is **specific** enough for clinicians and practices to **implement** and **measure** progress, and yet **generalizable** enough to be scaled in multiple settings.

- **Implementation Guidance:** **Generalizable** enough to be relevant across the primary care setting

  **paired with**

- **Operational Changes:** **Clear-cut** enough to spur specific actions and practice transformation on the individual agency level
Why use this Change Package?

The Change Package:

• Was developed by national experts through a collaborative process, and tested and revised by people in the primary care field
• Provides a roadmap for transforming your organization and achieving your outcomes
• Provides current and innovative guidance on complex processes
• Offers concrete tools and resources
• Focuses on promoting resilience for staff and patients
• Can be adapted to your organization’s needs and goals
• Is free and in the public domain
Target Audience

• Primary audience
  – Core Implementation Team

• Secondary audience
  – Primary care staff in all departments
Step 1: Change Management Strategies: Create the Conditions for Successful Change
### Trauma-Informed Primary Care: Fostering Resilience and Recovery

#### Step 2: Trauma-Informed Actions – Change Concepts 1 through 5

<table>
<thead>
<tr>
<th>Change Concept</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Help all individuals feel safety, security and trust</td>
</tr>
<tr>
<td>2</td>
<td>Develop a trauma-informed workforce</td>
</tr>
<tr>
<td>3</td>
<td>Build compassion resilience in the workforce</td>
</tr>
<tr>
<td>4</td>
<td>Identify and respond to trauma among patients</td>
</tr>
<tr>
<td>5</td>
<td>Finance and sustain trauma-informed approaches in primary care</td>
</tr>
</tbody>
</table>
## Trauma-Informed Primary Care: Fostering Resilience and Recovery

### Change Package Components

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Appear at the beginning of each section and detail planning and implementation steps.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Concept Goals</td>
<td>Appear at the beginning of each Change Concept section and outline the objectives for that action.</td>
</tr>
<tr>
<td>Implementation Tools</td>
<td>Guide the Core Implementation Team (CIT) to successfully implement the action steps and recommendations.</td>
</tr>
<tr>
<td>Key Considerations</td>
<td>Questions for the CIT to resolve to guide implementation efforts.</td>
</tr>
<tr>
<td>Checklists</td>
<td>Items that facilitate application such as Implementation Tools for each Change Concept.</td>
</tr>
<tr>
<td>Quick Tips</td>
<td>Quick insights into different approaches and ideas for implementation.</td>
</tr>
<tr>
<td>Sample Scripts</td>
<td>Examples of dialogue you may want to use in your organization.</td>
</tr>
<tr>
<td>Case Examples</td>
<td>Real-world examples of trauma-informed approaches.</td>
</tr>
</tbody>
</table>
Step 1: Change Management Strategies

Create optimal conditions for trauma-informed organizational change

**Action Steps**

- Develop a core implementation team (CIT)
- Ensure continued support from leadership
- Educate CIT members
- Conduct an organizational self-assessment
- Align trauma-informed initiative with existing organizational initiatives
- Communicate to stakeholders for engagement and support
- Develop a plan
- Monitor progress
Step 1: Change Management Strategies

- Core implementation team guidance
- Assessment and monitoring tools
- Communication tools
- Action planning tools
- Initiative alignment resources
- Leadership resources
## Step 1: Change Management Strategies

### Action Steps

Create a core implementation team

<table>
<thead>
<tr>
<th>TEAM MEMBER</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Lead</td>
<td>Acts as communication liaison across team and as the internal champion of change (e.g., clinical executive, primary care clinician with leadership authority or executive backing). The CIT should include one or more people to carry out the change and someone in a supervisory role to ensure change implementation.</td>
</tr>
<tr>
<td>Quality Improvement Lead</td>
<td>Ensures accurate data collection and develops workflow for collection and communicating data (e.g., staff from information technology or quality improvement).</td>
</tr>
<tr>
<td>Clinical Lead (including behavioral health clinicians, as available)</td>
<td>Supports care integration and coordination in operations and for patients in need of specialized behavioral health care. May be internal staff or external referral partner (e.g., director or empowered clinician of behavioral health, social services).</td>
</tr>
<tr>
<td>Trauma-Informed Champions from Executive, Human Resources, Primary Care and/or Behavioral Health Teams</td>
<td>Supports functional implementation and integration of trauma-informed care into organizational culture.</td>
</tr>
</tbody>
</table>
Step 1: Change Management Strategies

Conduct an organizational self-assessment

The OSA is a performance improvement resource that
• Provokes critical thinking about how you design and deliver your services
• Informs the CIT’s priorities and action steps

The OSA tutorial provides step by step guidance for conducting the OSA, utilizing the OSA action planning workbook and communicating the results

<table>
<thead>
<tr>
<th>Change Concept 1: Help All Individuals Feel Safety, Security and Trust</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don’t Know</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our primary care service team adequately addresses the three components of comprehensive safety: Psychological, emotional and physical.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>D/K</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Our primary care service team ensures a safe and secure physical and emotional environment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>D/K</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Step 1: Change Management Strategies

For communicating for engagement and support

- Why trauma-informed approaches?
- Who are the stakeholders?
- What culturally relevant factors will be considered?
- What key points align with the felt needs of stakeholders?
- When, where and how will you deliver the message?

The Colorado Coalition for the Homeless used bite-sized content in staff communications that could be read in 10-15 seconds
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 1

Help all individuals feel safety, security and trust

Address psychological, emotional and physical safety in policy and practice and work to ensure patients, family members and staff feel safe at all times

**Action Steps**

- Conduct an environmental assessment
- Assess patient safety
- Establish trauma-informed rooming policies
- Foster trust through TI patient interactions
- Provide universal education materials
- Ensure staff safety

**Implementation Tools**

- Hotspots for re-traumatization worksheet
- Environmental assessment
- Patient and staff surveys
- Psychoeducational tools

Communications@TheNationalCouncil.org
202.684.7457
1400 K St. NW, Suite 400, Washington, DC 20005

www.TheNationalCouncil.org
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 1

*Help all individuals feel safety, security and trust*

**Key Considerations**

- What policies exist related to who is in the exam room?
- How are security staff best integrated into the organization?
- Are the steps in the visit described to patients beforehand?
- When is permission sought from the patient throughout the visit?
- How is feedback sought from patients and staff?

Stephen and Sandra Shelter, 11th Street
Family Health Services
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 1

Help all individuals feel safety, security and trust

Quick Tips

For patient interactions

• Ask permission
• Explain why you are doing what you are doing
• Avoid looking at a computer or device while engaging with patients
• Get immediate feedback from patients by using postcard-sized anonymous surveys
Change Concept 2

*Develop a trauma-informed workforce*

Raise the awareness, knowledge and skills of the workforce needed to support trauma-informed interactions, interventions and policies.

**Action Steps**

- Provide training to all staff on trauma-informed principles
- Build an organizational culture of diversity, equity and inclusion
- Provide trauma-informed supervision and staff support
- Recruit staff who will succeed in a trauma-informed environment
- Develop and implement workforce policies that support trauma-informed approaches
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 2

Develop a trauma-informed workforce

Implementation Tools

- Trauma and resilience training plan
- TI supervisor assessment
- Interview questions related to trauma-informed care
- Hiring guidelines for peer specialists
- Human resources policy toolkit
- Strategies for addressing historical and systemic trauma
- TI primary care policy audit tool
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Training Slide Decks

• Trauma and its Impact
• Trauma in the Context of Culture
• Becoming Trauma-Informed
• Secondary Traumatic Stress and Staff Self-care
• Infusing Trauma into our Daily Work
• Introduction to a Diversity, Equity and Inclusion Initiative
• Trauma-Informed Supervision
• Introduction to Inquiry for Trauma
• Trauma-Informed Physical Examination: Practicing Sensitivity
• Engaging Families and Support Networks
• Responding to Crisis in a Trauma-Informed Manner
Change Concept 2

**Develop a trauma-informed workforce**

*For trauma-informed supervision, support and professional development*

- How do employees provide feedback to the organization?
- How are employees informed of career opportunities?
- How does the organization show appreciation and recognize staff?
- What structures are in place in the organization to assess and minimize vicarious trauma and compassion fatigue?
- How is change processed and communicated throughout the organization?
Change Concept 3

Build compassion resilience in the workforce

Create environments, policies and procedures which promote individual and organizational resilience

**Action Steps**
- Educate and train staff on workforce concerns
- Create a culture of compassion resilience
- Implement policies and procedures to build staff resilience
- Provide time and resources for staff to process difficult situations
- Encourage staff assessment of wellness practices
- Encourage implementation of self-care plans

**Implementation Tools**
- Tools for promoting individual and organizational resilience
- Self-care planning tools

Compassion Resilience Toolkit

Communications@TheNationalCouncil.org
202.684.7457
1400 K St. NW, Suite 400, Washington, DC 20005
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 3

Build compassion resilience in the workforce

For building a culture of compassion resilience
• What is your vision of the most positive work environment to be your best self in your job?
• What staff behaviors and attitudes would lead to such an environment?
• Which of these are your top five-to-eight priorities for the culture you desire?

For embedding diversity, equity and inclusion in self-care
• Allow staff autonomy in creating their self-care plans
• Provide a range of different options for self-care including approaches rooted in individual culture and spirituality
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 4

Identify and respond to trauma among patients

Promote environments and policies which support patient-centered trauma education, inquiry and response that provide opportunities for growth and healing

Action Steps

- Prepare for trauma inquiry and response
- Inquire for and respond to recent trauma requiring immediate intervention
- Conduct inquiry for trauma
- Respond to trauma disclosures

Implementation Tools

- Psychoeducational tools
- Education, inquiry and response pathway visual
- Resources and guidance for trauma-informed inquiry
- Sample scripts
Change Concept 4

*Identify and respond to trauma among patients*

**Action Steps**

*Conducting inquiry into trauma*

**Four Approaches to Trauma Inquiry**

Option 1 - Assume a history of trauma without asking  
Option 2 - Screen for the impacts of past trauma instead of for the trauma itself  
Option 3 - Inquire about past trauma using open-ended questions  
Option 4 - Use a structured tool to explore past traumatic experiences
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 4

*Identify and respond to trauma among patients*

---

**Action Steps**

**Education**
- Provide rationale for asking questions related to trauma
- Explain how gathered info will be used
- Provide options for follow-up

**Inquiry**
- Ensure safe and confidential space for inquiry
- Ask for permission to inquire further
- Utilize PI to deliver questions and elicit responses
- Identify patients’ resilient factors

**Conduct Inquiry**
- What is detected?

---

**Decision Points:**
- What approach for inquiry?
- Assume a history of trauma without asking
- Screen for impacts of past trauma
- Inquire about past trauma using open-ended questions
- Use a structured tool
- What instrument?
- What is response algorithm?
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Change Concept 5

Finance and sustain trauma-informed approaches

Identify, develop and implement sustainable financing strategy to maintain a trauma-informed approach in primary care

**Action Steps**

- Identify all planned, new and existing activities resulting from implementation of trauma-informed approaches
- Measure trauma-informed activities
- Use billing mechanisms to finance trauma-informed approaches
- Identify nonfinancial resources for support
- Analyze policy landscape and select an advocacy goal to support sustainability
- Develop advocacy messaging for identified stakeholders
Change Concept 5

*Finance and sustain trauma-informed approaches*

- Trauma-informed primary care policy audit tool
- Trauma-informed care advocacy handbook
- Building community resilience policy and advocacy guide
- Trauma-informed care quality outcomes crosswalk
- Sustainability guide
- Financing trauma-informed primary care
- Patient-level outcomes data collection template
Change Concept 5

**Finance and sustain trauma-informed approaches**

*Using billing mechanisms to finance trauma-informed approaches*

<table>
<thead>
<tr>
<th>BILLING CODE</th>
<th>SCREENING</th>
<th>ASSESSMENT</th>
<th>GROUP THERAPY</th>
<th>EVIDENCE-BASED TREATMENTS</th>
<th>WARM HANDOFFS</th>
<th>FOLLOW-UP CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791 Psychiatric diagnostic evaluation (without medical services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90792 Psychiatric diagnostic evaluation (with medical services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96153 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Zufall Health Center

- FQHC in Northwest NJ serving 6 counties (suburban/urban) at 8 sites, 2 vans
- Primary Medical (Adult, Women’s Health, Prenatal, Pediatrics), Dental and Behavioral Health services at all sites; HIV program
- Served 40,000 patients with 140,000 visits in 2018
- Applied to the National Council’s Trauma-Informed Primary Care Learning Community in 2017
  - Concerned about staff and wellness
  - Did not have a dedicated committee and had little knowledge of trauma informed care
Getting Started: Trauma-Informed Primary Care Transformation

• Started at Step 1: Change Management Strategies to lay the foundation for the introduction and implementation of the process

• Conducted the Organizational Self-Assessment to objectively identify areas that need attention

• Conducted an Environmental Assessment to evaluate physical space

• Began the conversation around trauma-informed care with staff
## Progress to Date

<table>
<thead>
<tr>
<th>Trauma-Informed Primary Care: Fostering Resilience and Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership support, core team meeting and engaged</td>
</tr>
<tr>
<td>All staff introduction to TIC using videos, demonstrations</td>
</tr>
<tr>
<td>Two half-day staff trainings/retreat with focus on TIC concepts</td>
</tr>
<tr>
<td>Implemented twice daily breathing bell at all sites</td>
</tr>
<tr>
<td>Made changes in our policies and procedures, job descriptions</td>
</tr>
<tr>
<td>Addressing organizational culture</td>
</tr>
<tr>
<td>Continuing the process – beginning to screen for trauma</td>
</tr>
</tbody>
</table>
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Evaluation
Implementation Progress

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PMT 1</td>
<td>3.66</td>
<td>2.90</td>
<td>2.00</td>
<td>2.30</td>
<td>2.50</td>
</tr>
<tr>
<td>PMT 2</td>
<td>4.59</td>
<td>3.90</td>
<td>3.20</td>
<td>3.40</td>
<td>2.80</td>
</tr>
<tr>
<td>PMT 3</td>
<td>4.65</td>
<td>4.00</td>
<td>3.70</td>
<td>3.40</td>
<td>3.70</td>
</tr>
</tbody>
</table>

Communications@TheNationalCouncil.org
202.684.7457
1400 K St. NW, Suite 400, Washington, DC 20005

www.TheNationalCouncil.org
Evaluation
Patient Data

At the conclusion of the project, patients receiving a trauma informed care pathway through the project that were at-risk for one or more of these metrics demonstrated improvements on 4 of 5 metrics.
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Link to the Change Package

www.TheNationalCouncil.org/TIPC-Change-Package

This link will take you to the full document. It will go live within the next 48 hours.
Trauma-Informed Primary Care: Fostering Resilience and Recovery
Thank you!

To receive a certificate of attendance please complete the evaluation that will be emailed to all attendees.

Questions? Contact NHCVA Staff: health@futureswithoutviolence.org

THE NATIONAL HEALTH COLLABORATIVE ON VIOLENCE AND ABUSE