



Trauma-Informed Primary Care: Fostering Resilience and Recovery



A Change Package for Trauma-Informed Primary Care

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Sharday Lewis, MPH
Sarah Flinspach

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

www.TheNationalCouncil.org



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Buzzword to Best Practice

- ACEs, trauma are a public health issue
 - Impact on physical health and behavioral health
- What can be done?
 - Clinical transformation, evidence-based practices
 - Workforce development
 - Funding, reimbursement, payment models
 - For clinical practices
 - For organizational change





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Trauma-informed Primary Care

What is it?

- An organizational structure and treatment framework that embeds the 6 principles of TIC into practice
- A trauma-informed approach prioritizes understanding life experiences and their impact on psychological wellness, physical symptoms and outcomes, treatment adherence and other behaviors to deliver more effective care to all patients

Why do we need it?

- The [ACE Study](#) revealed a *20-year* life expectancy gap between individuals with high and low ACE scores
 - Trauma leads to brain dysregulation and chronic stress that negatively affects development, health outcomes and life expectancy
- Supports existing health care transformation efforts, including integrating primary care and behavioral health services
- Benefits: creating safer spaces for staff, improving clinical decision-making by equipping providers to identify and respond to trauma and building collaborative care networks to increase providers' capacity to address holistic needs

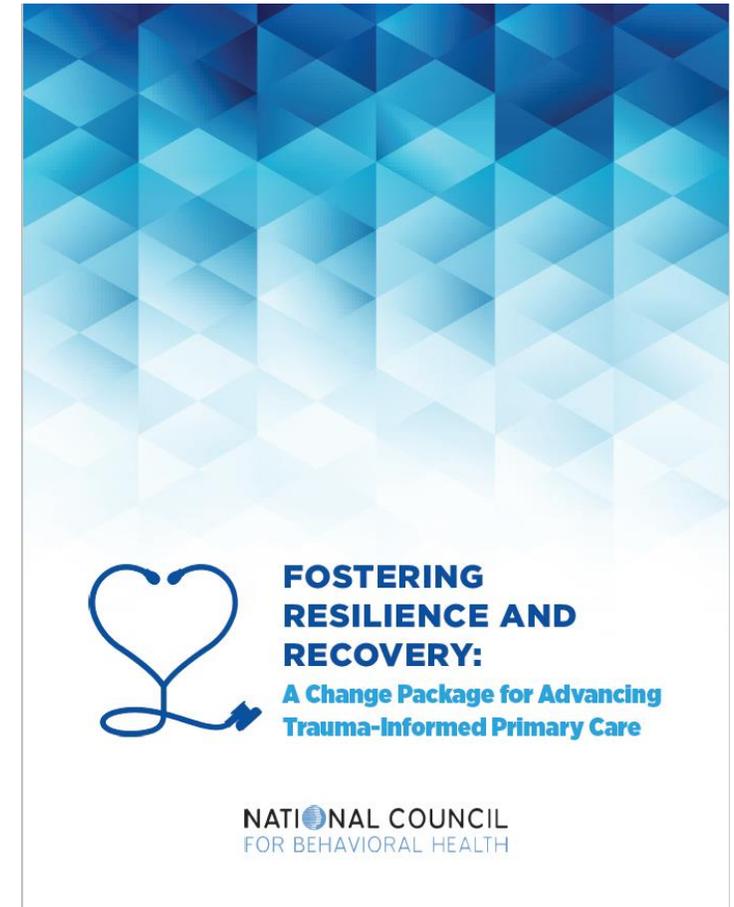


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The Change Package

- 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



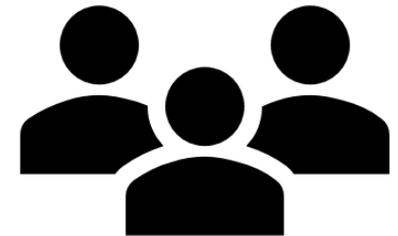


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Who is it for?

- Primary care, FQHCs
- Integrated primary/behavioral health care settings
- Intended audience: Core Implementation Team (CIT)





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How was it developed?

- 1. PTT** – panel of experts convened to provide input
 - July 2017-July 2018
- 2. Learning Community** – 7 FQHCs tested first version for 14 months
 - August 2018-October 2019
- 3. Refinement and revision** with Learning Community and PTT direction
 - May 2019-October 2019



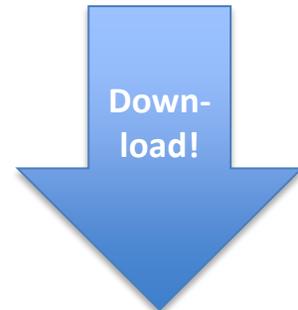


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What's in it?

STEP 1: CHANGE MANAGEMENT STRATEGIES: CREATE THE CONDITIONS FOR SUCCESSFUL CHANGE	
STEP 2: TRAUMA-INFORMED ACTIONS - CHANGE CONCEPTS 1 THROUGH 5	
Change Concept 1	Help all individuals feel safety, security and trust.
Change Concept 2	Develop a trauma-informed workforce.
Change Concept 3	Build compassion resilience in the workforce.
Change Concept 4	Identify and respond to trauma among patients.
Change Concept 5	Finance and sustain trauma-informed approaches in primary care.

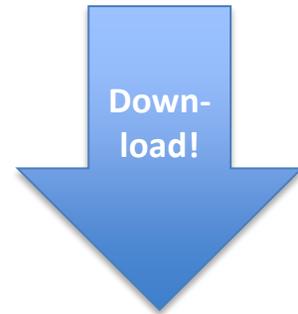




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Action Steps		Appear at the beginning of each section and detail planning and implementation steps.
Change Concept Goals		Appear at the beginning of each Change Concept section and outline the objectives for that action.
Implementation Tools		Guide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





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STEP 2

Change Concept 1: Help All Individuals Feel Safety, Security and Trust

Creating safe, secure and trusting environments enhances the ability of health care staff to provide services in a nontraumatizing manner and supports the health and wellness of employees and patients.³⁰ A trauma-informed organization strives to address psychological, emotional and physical safety in policy and practice and makes an effort to ensure patients, family members and staff feel safe at all times.³¹



Quick Tip: Safety

Safety, in the context of a trauma-informed approach, encompasses physical and psychological safety, which are equal priorities when creating a trauma-informed environment.



Action Steps

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



Implementation Tools

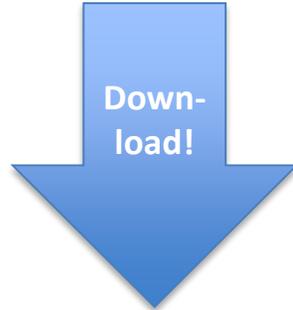
- [Hotspots for Retraumatization or Activation for Patients Worksheet](#)
- [Environmental Assessment for Trauma-Informed Care](#)
- [Safe and Secure Environment Survey – for Patients](#)
- [Safe and Secure Environment – for Children and Adolescent Patients](#)
- [Psychoeducational Tools](#)
 - [What do I say? Talking About What Happened with Others](#)

- [Helping my Child Cope: What Parents Can Do](#)
- [Video: What is Trauma-Informed Care?](#)
- [10 Key Ingredients for Trauma-Informed Care](#)
- [Encouraging Staff Wellness in Trauma-Informed Organizations](#)
- [Resources from Echo](#)
- [Template Psychoeducational Materials](#)
- [20 Questions for Leaders About Workplace Psychological Health and Safety](#)
- [Staff Feedback Survey](#)



Change Concept 1 Goals

1. Our primary care service team adequately addresses the three components of comprehensive safety: Psychological, emotional and physical.
2. Our primary care service team ensures a safe and secure physical and emotional environment.
3. Patients are engaged in efforts to assess the physical and emotional environment.
4. Our organization has a system in place to evaluate the social and emotional experience of patients and staff.
5. Our primary care service team develops, disseminates and displays TIC-related informational materials.
6. Our primary care service team has strategies to resolve conflict and address aggression between staff and between staff and patients.
7. Processes related to the environment of care are culturally and linguistically appropriate.
8. Our primary care service team promotes physical and emotional well-being through wellness-focused activities.





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Does it work? – Data from the Learning Community

- Blood pressure



- Of those categorized “at risk” at baseline:

- 38% had incremental improvement
- 41% moved to “no longer at risk”

- BMI



- Of those categorized “at risk” at baseline:

- 47% had incremental improvement
- 2% moved to “no longer at risk”

- Smoking (smoking or not)



- Of those categorized “at risk” at baseline:

- 100% stayed “at risk”

- Depression (PHQ-9)



- Of those categorized “at risk” at baseline:

- 42% moved to “no longer at risk”



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Why use this 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



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What's next?

- Understanding implementation/execution of requirements
 - CCBHCs, FQHCs
- Funding, reimbursement, payment models for trauma-informed practices, organizational change, partnership and referral networks
- Demonstrating impact





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Questions?

- Sharday Lewis, MPH: shardayl@thenationalcouncil.org
- Sarah Flinspach: sarahf@thenationalcouncil.org

