

Health Homes Program

INTRODUCTION TO TRAUMA-INFORMED CARE



September 2019

TRAINING PURPOSE

- Provide basic information to health plan and community-based care management entity (CB-CME) staff on trauma-informed care and direct them to resources for additional information
- The Department of Health Care Services (DHCS) recommends that all staff supporting Health Homes Program (HHP) members receive training on trauma-informed care (Program Guide Appendix C)
- All communication with members must utilize trauma-informed care practices (Program Guide Section VI)

WHAT IS TRAUMA?

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”



WHAT IS TRAUMA?

Trauma is relative

Perception and response to trauma varies by individual

Trauma is cumulative

Traumatic experiences can be isolated events or can be compounded by repetitive trauma throughout a lifetime

Trauma is complex

Exposure to trauma and an individual's responses to it are complex and related to physical, social, and cultural factors

WHAT IS TRAUMA-INFORMED CARE?

“An organizational structure and treatment framework that involves **understanding, recognizing** and **responding to** the effects of all kinds of trauma.”

Source: [Traumainformedcare.org](https://traumainformedcare.org)

[What is Trauma-Informed Care? Video](#)

HOW TRAUMA-INFORMED CARE FITS INTO THE HHP

- All staff that provide HHP services should be trained in recognizing trauma and providing trauma-informed care
- These staff include, but are not limited to:
 - Care Coordinators
 - HHP Directors
 - Clinical Consultants
 - Housing Navigators
 - Community health workers



HOW TRAUMA-INFORMED CARE FITS INTO THE HHP



Trauma-informed care should be provided to members through all HHP services:

- Assessment
- Health Action Plan development
- Health Action Plan implementation
- Care Coordinator, community health worker, and other care team interactions and communication with members

WHAT IS THE IMPACT OF TRAUMA?

- Trauma is prevalent
- Early trauma has long-term consequences
- Trauma complicates chronic disease management
- Trauma complicates behavioral health treatment
- Trauma and homelessness are often correlated



ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) impact physical and psychological development:

- ACEs change brain and immune system function and can lead to detrimental physical and mental health effects decades in the future
- There is evidence that ACEs impact genetics, leading to intergenerational effects of exposure to trauma
- In California, **63.5% of adults** report exposure to adverse childhood experiences*
- If a child experiences one ACE, there is an 85% chance of experiencing two or more ACEs

* Source: [Let's Get Healthy California 2015 Data](#)

Source: [ACEs 101 Fact Sheet](#)

ADVERSE CHILDHOOD EXPERIENCES RESEARCH

Original Study - Felitti VJ, Anda RF, et al.

[Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences \(ACE\) Study.](#) *American Journal of Preventive Medicine* 1998;14:245-258

Hundreds of research articles since then have confirmed and expanded on the findings

[SAMHSA Short Video on ACEs](#)

ACES AND CHRONIC DISEASE

Research shows that ACEs lead to chronic disease, such as:

- Emphysema
- Chronic bronchitis
- Autoimmune disease
- Diabetes
- Obesity
- Heart disease
- Stroke
- Cancer



ACES AND BEHAVIORAL HEALTH

Research shows that ACEs lead to higher risk of:

- Smoking
- Alcoholism
- Drug use
- Suicide attempts
- Depression
- Risky sexual behavior and STDs



ADULT TRAUMA

- Chronic stress and trauma exposure have the most significant impact on physical and mental health
- Single traumatic events can have harmful physical and psychological effects
- Nearly all body systems are negatively affected by trauma:
 - Gastrointestinal function
 - Cardiovascular system
 - Immune system
 - Reproductive system
 - Musculoskeletal system
 - Neuroendocrine function
 - Brain function

Source: D'Andrea W, Sharma R, et al. 2011. *Physical Health Problems After Single Trauma Exposure: When Stress Takes Root in the Body*

COMMUNITY TRAUMA

- Trauma can manifest at an individual or community level
- Communities experiencing high levels of violence, poverty, lack of infrastructure, and oppression can experience collective trauma in addition to personal trauma



COMMUNITY TRAUMA

- Collective trauma compounds the effects of individual trauma
- Community trauma and violence impacts the social environment, community engagement and cultural norms
- Community trauma can be related to the physical/built environment including unsafe housing, lack of transportation, community displacement, or lack of opportunities for physical activity
- Community trauma can be highly correlated with economic factors such as poverty and inequity

MITIGATING THE EFFECTS OF TRAUMA

- Neurological effects of trauma can be modified
- Interactions with people who provide support and encouragement can counter the harmful effects of trauma
- Identification and intervention are key
- Health care providers can mitigate the effects of trauma by:
 - Implementing trauma-informed communications
 - Identifying exposure to trauma
 - Providing appropriate resources and referrals

SAMHSA'S 4 R'S OF TRAUMA-INFORMED CARE

A trauma-informed program, organization or system:

- **Realizes** the impacts of trauma and the need for trauma-informed care;
- **Recognizes** the signs and symptoms of trauma;
- **Responds** by incorporating trauma-informed practices throughout the system; and
- **Resists** re-traumatization

Source: *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014.

SAMHSA PRINCIPLES OF TRAUMA-INFORMED PRACTICE

1. Safety
2. Trust and transparency
3. Peer support and self help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues



WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Safety

Traditional approach: A 25-year-old patient who has experienced sexual trauma avoids appointments for her annual women’s physical, which she knows will include a pelvic exam. Health center staff are concerned with scheduling and productivity. Interactions between patient and staff focus on the patient’s history of missed appointments and late cancellations.

Trauma-informed approach: When making appointments that will involve potentially triggering services, such as pelvic exams, a few simple questions are added to the phone script. Do you have a preference for a male or female provider? Is there anything we need to know to make your exam more comfortable for you?

In this scenario, health center staff are signaling to the patient that she will be entering a safe environment and that staff and providers want to help her feel comfortable.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Trust and Transparency

Traditional approach: A 35-year-old patient was sexually abused as a child and has never disclosed the events to anyone. He is offered a telehealth consult with a psychologist to discuss his anxiety and depression. The health center believes this will increase access to care. The patient is hesitant because he is concerned about privacy and believes someone may walk in the room in the provider's office without his knowledge. He declines the consult and forgoes a behavioral health consult until months in the future when an in-person appointment can be made.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Trust and Transparency (continued)

Trauma-informed approach: The patient is given a short handout about telehealth psychology consults, which addresses frequently asked questions about confidentiality and logistics. He is given an opportunity to speak directly with the behavioral health department before committing to an appointment.

In this scenario, the health center staff are transparent about what the patient can expect during the consult and build trust by offering him an opportunity to reassure himself about the process.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Peer Support and Self-Help

Traditional approach: A 50-year-old diabetic patient sees his provider once every 3 months and has the same conversation every time. The patient pretends to be following his diet and exercise routine because he doesn't want to be admonished. The patient grew up in an emotionally abusive household and still has a difficult time dealing with authority figures.

Trauma-informed approach: The patient is invited to be part of a diabetes education and support group where he interacts with other patients, learns some cooking and healthy living skills and is able to talk about how hard it is for him to follow his doctor's instructions. The group facilitator gives him some tools to use when talking to his doctor that lead to setting smaller, more realistic goals.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Peer Support and Self-Help (continued)

In this scenario, the provider has given the patient additional tools that allow him to tailor his care according to his current needs and abilities. He is offered support that addresses lifestyle and psychological issues that impact his disease management.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Collaboration and Mutuality

Traditional approach: A 3-year-old pediatric patient is approaching the obesity threshold on his growth chart. The patient’s mother works full time but struggles financially and has 3 other children to care for. She constantly worries about money. Handouts about healthy eating are left unread because the foods listed are unfamiliar and too expensive.

Trauma-informed approach: The pediatrician uses motivational interviewing techniques ([motivational interviewing definition](#)) to assess the family’s priorities, assets and barriers before discussing any treatment plans. The mother is engaged in discussions about mutually agreed upon goals for her child and identifies some small, achievable steps the family can take to achieve these goals.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Collaboration and Mutuality (continued)

In this scenario, the provider has given the mother tools to identify her priorities and offered her the opportunity to create health goals in collaboration with the pediatrician.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Empowerment, Voice and Choice

Traditional approach: A 30-year-old patient is invited to participate in a perinatal substance use support group. The provider is excited about this new innovative program. The patient is concerned about public disclosures about her path to recovery because she had had prior involvement with child protective services. She declines to participate in the group.

Trauma-informed approach: Providers use motivational interviewing techniques to engage the patient in discussions about her priorities and goals. The patient is offered a choice of tools that might help her achieve her self-identified goals. One of these might include a group; others may include individual counseling, online support or other options.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Empowerment, Voice and Choice (continued)

In this scenario, the provider has given the patient a voice in how she wants to approach her pregnancy and recovery goals. She is empowered to set realistic goals and to take steps that are comfortable and relevant for her.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Cultural, Historical and Gender Issues: Example I

Traditional approach: A 35-year-old patient made an appointment with a primary care provider to address his concerns about feeling fatigued and low energy. English is his second language, and he would prefer to receive services in Korean, but he was not told this was an option for him. He is referred to a behavioral health specialist and told that his symptoms may be due to depression. He does not show up to his behavioral health appointment.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Cultural, Historical and Gender Issues: Example 1 continued

Trauma-informed approach: This patient is given the option to receive care in his primary language, and it is made clear to him from the beginning that language-appropriate resources are available to him. His providers take into account the stigma that a mental health diagnosis may carry for this patient, his social support network, and his community. The discussion surrounding his health concerns is presented in his primary language, in a way that accounts for his cultural perspectives on behavioral health.

In this scenario, the patient's language needs are prioritized so he can successfully engage with his providers. His cultural perspectives are taken into account to ensure that he understands and is comfortable with the care he receives.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Cultural, Historical and Gender Issues: Example 2

Traditional Approach: A 40-year-old transgender patient avoids seeking care due to fear of discrimination. This patient was assigned male at birth and began her transition last year. She has not had gender confirmation surgery (GCS), but has been on hormone replacement therapy (HRT) for 7 months. Health center staff are unsure about how to document the patient's gender, so they ask her to document her sex assigned at birth. They need to know whether to prepare a gyn kit, whether pregnancy is a possibility, and whether to recommend a mammogram.

WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Cultural, Historical and Gender Issues: Example 2 continued

Trauma-informed approach: Patients are asked about gender identity at the time the appointment is made. Intake forms include space for preferred names and gender pronouns. Decisions about physical exams and treatment are based on whether the patient is at risk for pregnancy, cervical cancer, breast cancer and other sex-specific issues. Traditional male/female gender selection on intake forms does not drive health care decisions. Health center staff uses gender neutral language when gathering patient history and sexual health information. They do this by asking about a patient's "partners," and by not making assumptions about their sexual health.

In this scenario, staff ask for patient information in a gender neutral way that respects and prioritizes the patient and their lived experiences. These practices help assure patients that their needs will be prioritized as they receive health care services, and that they are in a safe space.

TRAUMA-INFORMED INTERVENTIONS

Trauma-specific intervention programs generally recognize the following:

- The person's right to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

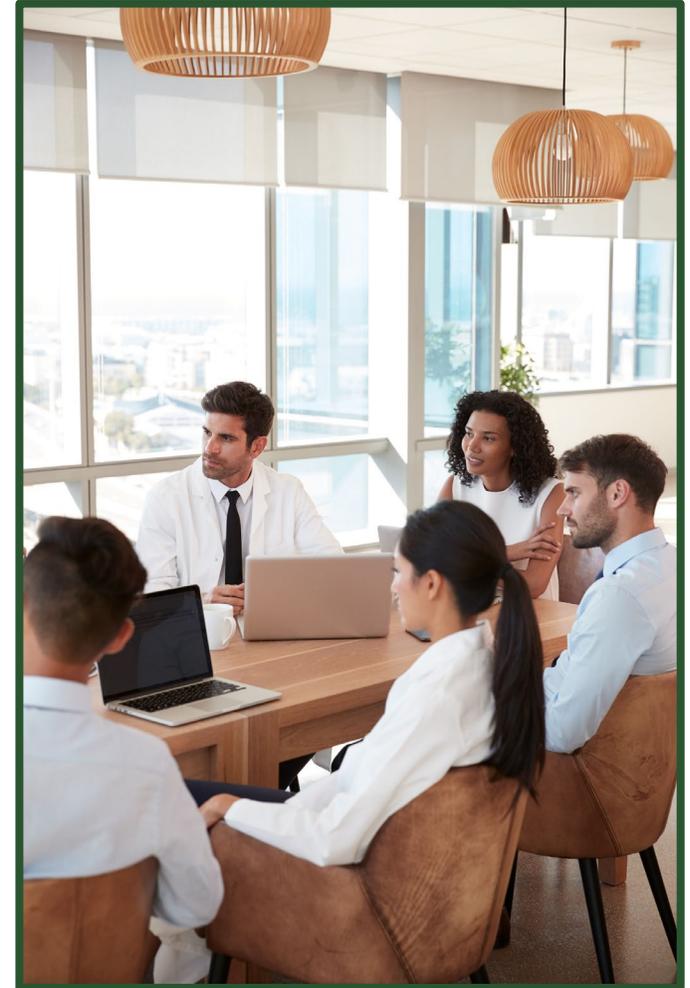
Source: SAMHSA

TRAUMA-INFORMED STAFF WELLNESS

- Bringing a trauma-informed care approach into a practice can impact practice staff who have personal or family experience with trauma
- Staff can experience compassion fatigue, personal re-traumatization and burnout
- Addressing staff trauma and wellness is critical to the success of trauma-informed care

TRAUMA-INFORMED STAFF WELLNESS

- Encourage self-care
- Provide tools, resources and trainings
- Create an environment of open communication
- Offer opportunities for reflection and processing



Source: Center for Health Care Strategies

[Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations](#)

BEYOND TRAUMA-INFORMED CARE

- Recent research and practice around trauma-informed care is shifting toward a more positive and future-focused orientation
- This approach moves beyond trauma to incorporate a focus on healing, compassion, and overall wellbeing
- The continuum of “trauma-informed” to “healing centered” and compassionate care:
 - Acknowledge trauma
 - Address trauma
 - Support healing
 - Empower well-being

Source: [Aces too High](#)

THE HHP AND TRAUMA-INFORMED CARE

- HHP enrollees, due to eligibility criteria, are more likely to have experienced trauma than the general patient population
- HHP providers are uniquely positioned to mitigate the effects of trauma
- Diverse HHP care teams offer an array of tools to address and mitigate the effects of trauma

RESOURCES: TRAUMA-INFORMED CARE

[National Center for Trauma-Informed Care](#)

[Trauma-Informed Care Implementation Resource Center](#)

[Key Ingredients for Trauma-Informed Care Implementation](#)

[Aces Too High](#)

RESOURCES: TRAUMA-INFORMED CARE & VIOLENCE

[Futures Without Violence Trauma-Informed Care Videos for Providers](#)

[Futures Without Violence Trauma-Informed Reporting of Domestic Violence and Child Abuse](#)

[Engaging Women in Trauma-Informed Peer Support: A Guidebook](#)

RESOURCES: TRAUMA-INFORMED CARE & HOMELESSNESS

[National Coalition for the Homeless](#)

[Trauma-Informed Organizational Toolkit for Homeless Services](#)

HHP INFORMATION & RESOURCES

DHCS Health Homes Website – bit.ly/HealthHomes

- Program Overview
- Outreach & Education Materials
- Trainings & Program Resources

Questions? Comments?

Email hhp@dhcs.ca.gov