Trauma-Informed Approaches in Clinical & Community-Based Settings

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Trauma-Informed Approaches in Clinical & Community-Based Settings

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Director of Trauma-informed Care Initiative
University of California San Francisco, Women’s HIV Clinic

Wendy Ellis, DrPH, MPH
Project Director, Building Community Resilience
George Washington University
Agenda

- **Introduction** – Rebecca Sax, National Center
- **Housekeeping** – Rebecca Sax
- **Trauma-Informed Care Initiative** – Katy Davis
- **Building Community Resilience** – Wendy Ellis
- **Question & Answer** – All
- **Wrap-up & Next Steps** – Rebecca Sax
Housekeeping

- This event is recorded
- If you have a question:
  - Submit your question to Rebecca via the Q&A function
Trauma-Informed
Health Care at UCSF
Women’s HIV Program (WHP)

Camden Coalition Presentation
Thursday, March 21, 2019

Katy Davis, PhD, LCSW
Director of Trauma-Informed Care

University of California San Francisco
Women’s HIV Program

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Project Team

WHP Clinical Implementation Team:
Esther Chavez
HERS Program Coordinator/Substance Use Counselor
Beth Chiarelli
LCSW, Social Work Lead
Katy Davis
PhD, LCSW, Director of Trauma-Informed Care
Rosalind De Lisser
MS, PMHNP, FNP, Associate Clinical Professor
Edward Machtinger
MD, Professor of Medicine, Program Director

Partner Organizations in Clinic:
Rita Da Cascia/Catholic Charities
Family Case Management
South Van Ness Adult Behavioral Health Services
Psychiatry and Therapy Services

WHP Research Team:
Yvette Cuca
PhD, MPH, Research Specialist
Carol Dawson-Rose
PhD, RN, Professor of Nursing, Director of Research & Evaluation
Martha Shumway
PhD, Professor

Peer Empowerment Team:
Rhodessa Jones
Medea Project: Theater for Incarcerated Women
Naina Khanna
Executive Director, PWN-USA

WHP Administrative Team:
Al Paschke
RN, Administrative Manager
Vishalli Loomba
Program Coordinator
Overview

• Background of WHP and the path toward trauma-informed health care

• Our model of Trauma-Informed Health Care (TIHC)

• Evolving response to trauma

• Case example of Lisa
The Women’s HIV Program at UCSF

Among first programs in country for women living with HIV

Female-focused services provided in a “one-stop shop”

- Primary care
- Pharmacy program
- Ob/GYN
- Therapy / Psychiatry
- Social work
- Case management
- Partner agencies
- Breakfast

Patients

- Mean age=51 (range 20-76)
- 49% African American/Black
- 20% White (non-Hispanic)
- 9% Asian/ Pacific Islander
- 7% Hispanic/Latina
- 2% Native American
- 9% Multi-ethnic, 4% other
- 10% transgender
Trauma and Substance Use

Trauma
- 96% with childhood, lifetime, and/or recent trauma
- Adverse Childhood Experiences (10 items)
  - Mean 4.2, 58% had 4+ ACES

Substance Use
- 41% used illicit substances in the past 3 months
  - 17% cocaine, 9% amphetamines, 9% opioids

Mental Health
- 27% PTSD, 70% Depression, 57% Anxiety

Recent Deaths at WHP

1. Rose  
   murder

2. Emily  
   murder

3. Elizabeth  
   suicide

4. Brianna  
   suicide

5. Deja  
   suicide

6. Doris  
   addiction/overdose

7. Mary  
   addiction/organ failure

8. Maria  
   addiction/lung failure

9. Lilly  
   pancreatic cancer

10. Kiara  
    non-adherence
Trauma-informed Health Care

**Environment**
- Calm, safe, and empowering for patients, staff, and providers

**Inquiry**
- Screen for immediate safety (e.g., IPV).
- For past trauma: assume a history of trauma; screen for the impacts of past trauma; use open ended questions; and/or use a structured tool

**Education**
- Describe the connection between trauma and health and opportunities for healing to all patients

**Response**
- Express empathy; refer to trauma-informed onsite or community services that promote safety, connection, and healing

**Foundation**
- Trauma-informed values; clinic champion(s); interdisciplinary team-based care; community partnerships; buy-in from organizational leadership; and training, supervision, and support for staff and providers

Foundation

Trauma-Informed Values (SAMHSA)

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration instead of Hierarchy
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Understanding

Training, supervision, and support for staff

SAMHSA’s Concept of Trauma and Guidance for a Trauma-informed Approach. 2014
Response

- Continuum of response
- Importance of partnerships
- Response to match inquiry process
Phases of Trauma Recovery

1. Safety and stabilization
2. Remembrance and mourning
3. Reconnection and integration

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<th>Stages of Change for Substance Use</th>
<th>Phases of Trauma Treatment</th>
<th>Intervention Elements</th>
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<td>Precontemplation</td>
<td>Pre-Phase 1: Engagement</td>
<td>Ongoing Assessment / Social Support</td>
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<td>Contemplation</td>
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<td>1. Harm-Reduction and Motivational Interviewing</td>
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<td>Preparation</td>
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<td>2. Case Management and Linkage Services</td>
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<td>3. Drop-In Support, Mindfulness, and WRAP Groups</td>
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<tr>
<td>Action</td>
<td>Phase 1: Safety and Stabilization</td>
<td>Behavioral Health Support</td>
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<td>1. Psychiatric Evaluation and Medication Assisted Treatment</td>
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<td>2. Motivational Enhancement Therapy and ongoing MI</td>
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<td>3. Seeking Safety Group (12 weeks per group / closed)</td>
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<td>4. Linkage to Residential, Detox, or Intensive Outpatient Treatment</td>
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<td>Maintenance (Recovery)</td>
<td>Phase 2: Trauma-Focused Treatment</td>
<td>Intensive Trauma Intervention</td>
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<td>1. Skills Training in Affective and Interpersonal Regulation (STAIR)</td>
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<td>2. Individual Trauma-Focused Therapy</td>
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<td>3. Expressive Therapy: (Medea Project)</td>
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<td>4. Peer-led Trauma-informed Leadership Intervention: (PWN-USA)</td>
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<td>Phase 3: Empowerment/Post-Traumatic Growth</td>
<td>Ongoing Recovery / Maintenance Support</td>
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<td>1. Drop-In Groups</td>
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<td>2. Drop-In Support and Mindfulness Groups</td>
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<td>3. Ongoing Medication Monitoring</td>
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<td>4. Linkage to Job Training and Employment Programs</td>
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<td>5. Linkage to 12-Step and Other Community Programs</td>
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<td>6. Peer Leadership Roles in Clinic</td>
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Thank you!
Building Community Resilience

A process to heal trauma, foster equity and build resilience
The Power of Collaboration

Building Community Resilience:
Process of Assessment, Readiness, Implementation & Sustainability

- ACES
- Resilience
- Narratives of the Community

- Provider Capacity/Capability
- System Capacity/Capability
- Policy Supports

- Shared Understanding
- State of Readiness

- Community
- Cross-Sector Partners

- Organizational Linkages
- Citizen Leadership
- Social Supports
- Attachment to Place

- How to Connect
- Resource Distribution
- Community & Political Partnerships
- Collaboration


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Universality of ACE’s Exposure in the United States

Proportion of ACEs by Ethnicity in 5 States (AR, TN, LA, WA, MN)

- White: 41, 9, 6, 9
- Af-American: 37, 9, 8, 5
- Hispanic: 36, 10, 9, 1
- Other: 38, 18, 6, 8.4

Proportion of ACEs by Educational Level (AR, TN, LA, WA, MN)

- <HS: 10.5, 7.9, 7.7, 5.8
- HS: 9, 7.7, 6.6, 6.6
- >HS: 14.9, 8.7, 7.7
Differential Outcomes

Chronic Disease Death Rates by Race and Ethnicity

Racial and Ethnic Disparities in Cervical Cancer

Incidence and Mortality of Cervical Cancer by Race/Ethnicity, 2009

NOTE: Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population.
Systemic Inequities

Why this matters: Racial wealth gap exists uniformly across the country amongst those with similar training & education.

Trend suggests SYSTEMIC BIAS and DISCRIMINATION among employers.

A bias that has implications for household stability, economic mobility, health and wellbeing.
### Inequity by Design

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<th>Significant Policies</th>
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<td>13th-15th Amendments</td>
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<td>Reconstruction Era 1865-1877</td>
<td>New Deal Housing Initiatives</td>
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<td>Post-Reconstruction Era 1875-1920</td>
<td>Civil Rights Act 1964 Voting Rights Act Law Enforcement Assistance Act</td>
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<td>New Deal 1933-1939</td>
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<td>Post WWII Economic Expansion 1949-1977</td>
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<td>Civil Rights Era 1954-1968</td>
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<td>War on Drugs 1971-2010</td>
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<td>War on Color (Immigration) 1994-Present</td>
<td>CA Proposition 187 Muslim Ban</td>
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### Significant U.S. Social & Criminal Policies Over Time

#### A Brief Timeline
- **Trauma**
  - Jim Crow
  - Brown v Education
  - Sentencing Reform Act
- **Equity**
  - Plessy v Ferguson
  - Housing Act of 1949
  - Comprehensive Crime Control Act
- **Resilience**
  - Mandatory Minimums
  - Three Strikes Laws
"Systems are designed for the outcomes we get"

Edwards Deming
Systems Driven Adversity

Population Health & Community Outcomes

Policies & Systems

Trauma

Equity

Resilience

The Pair of ACEs
- Adverse Childhood Experiences
- Maternal Depression
- Physical & Emotional Neglect
- Emotional & Sexual Abuse
- Substance Abuse
- Domestic Violence
- Divorce
- Mental Illness
- Incarceration

Adverse Community Environments
- Poverty
- Discrimination
- Community Disruption
- Lack of Opportunity, Economic Mobility & Social Capital
- Poor Housing Quality & Affordability
- Violence


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Building Community Resilience: Process of Assessment, Readiness, Implementation & Sustainability

- ACEs
- Resilience
- Narratives of the Community

- Provider Capacity/ Capacity
- System Capacity/ Capacity
- Policy Supports

Shared Understanding

State of Readiness

Community

Cross-Sector Partners

- Organizational Linkages
- Citizen Leadership
- Social Supports
- Attachment to Place

- How to Connect
- Resource Distribution
- Community & Political Partnerships
- Dissemination

Co-creation of solutions
Prioritization of Issues

Equitable Access
Policy/Practice Change

Partnering across sectors to promote healing, foster equity and build resilience.

Increased Attendance  
Increased Reading Levels  
Increased Teacher Retention  
Decreased behavioral issues  
Decreased suspensions
Questions?

Submit via the Q&A button.

Rebecca Sax
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For More Information

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We want your feedback!

An evaluation survey will be sent out after this webinar
Office Hours for Complex Care: Building a Trauma-Informed Care Team

April 24th, 2019
1:00 – 2:00 PM EST

www.nationalcomplex.care