

Helping providers see ‘difficult,’ ‘non-compliant,’ and unhealthy behaviors through a Trauma Informed Lens

Advocate Aurora Trauma Informed Care Workgroup

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AdvocateAuroraHealth™



Advocate Health Care



Aurora Health Care®

Outpatient Behavioral Health Clinic

- Adults, with primarily Medicaid and/or Medicare
- 64% Black, 9% Hispanic; 89% Women
- 85% raised & live in:
 - Low income (\$600-\$800/month)
 - High crime
- Unemployed, on W2 or social security
- Multiple medical and mental health problems
- Voluntarily seeking treatment

Emergency Department

COVERAGE TO CARE PRORAM

- 311 total patients
- 78% Black, 21% White, 1%
- Average age 41
- 33% documented behavioral health disorder
- High utilizers with an identified behavioral health disorder had TWICE as many ED visits

NON-COMPLIANT

- Don't take medication as directed
- fail to follow-up with referrals or procedures
- Don't complete homework
- Miss appointments
- THEY DON'T DO WHAT WE TELL THEM TO DO!!

UNHEALTHY BEHAVIORS

- Continue to eat in unhealthy ways
- Lack of weight loss
- Lack of exercise
- Continued use of nicotine/THC/alcohol/drugs
- Don't get adequate sleep
- Engage in risky behaviors

“difficult”

- Multiple phone calls
- Needy/clingy/constant complaints
- Difficulty in setting goals
- Tangential – difficulty completing intake form
- Chronically suicidal
- Repeated self-harm
- Substance Abuse
- Multiple hospitalizations
- Loud, obnoxious
- Inappropriate behavior
- Poor boundaries / no boundaries
- Aggressive
- ANGRY



Providers feel:

- Dread
- Overwhelmed
- Ineffective
- Burned out
- Frustrated
- Unappreciated
- Detached
- Pressed for time
- “why don’t they just do what I tell them!”
- “Here they are again”



How are patients viewed?

- “They’re just doing it to get a free check”
- “They just don’t want to work”
- “They just love to complain”
- “They don’t really WANT to get better”
- “They just want meds”
- “They just want attention”

“How you explain why a person is doing something poorly leads you directly to what you’re going to do about it. Half-baked explanations lead to half-baked interventions that don’t work very well. Our good intentions usually lead us to jump straight into fixing the problem, the one we really don’t know very much about yet!”

www.livesinthebalance.org

Ross Greene, PhD

Collaborative Problem Solving Approach

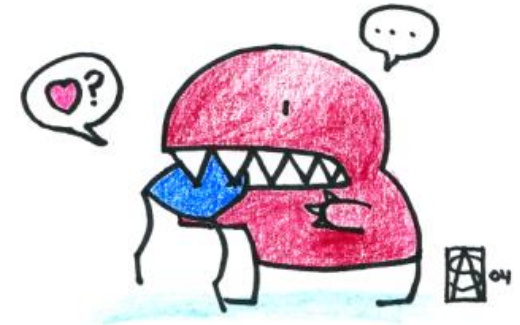
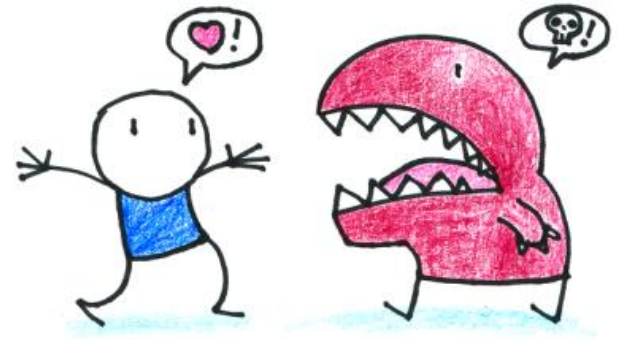
The 3 Elements of Trauma Informed Care



- Realizing the prevalence of trauma
 - **Types of trauma** (acute, secondary, sanctuary, historical, complex)
 - **Past and current environments**
- Recognizing how trauma affects individuals
- Responding by putting this knowledge into practice

Childhood and family dynamics

- Neglect / Abuse
- Invalidating environment
- Poor boundaries
 - Kids responsible for kids / parents
 - Often left alone or with unfamiliar adults
- GUILT – the emotional weapon of choice
- Historical Trauma, Sanctuary Trauma
- No sense of SAFETY



Environment

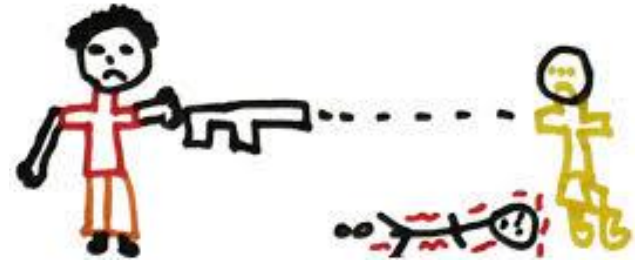
- Scant resources
 - Housing – poor quality, have to furnish appliances, poorly insulated
 - Frequent moving, evictions, allowing others to stay with them
 - Money
 - Lack of green space, playgrounds, parks
 - Food:
 - Corner store
 - Easier to buy drugs and guns than it is to buy vegetables



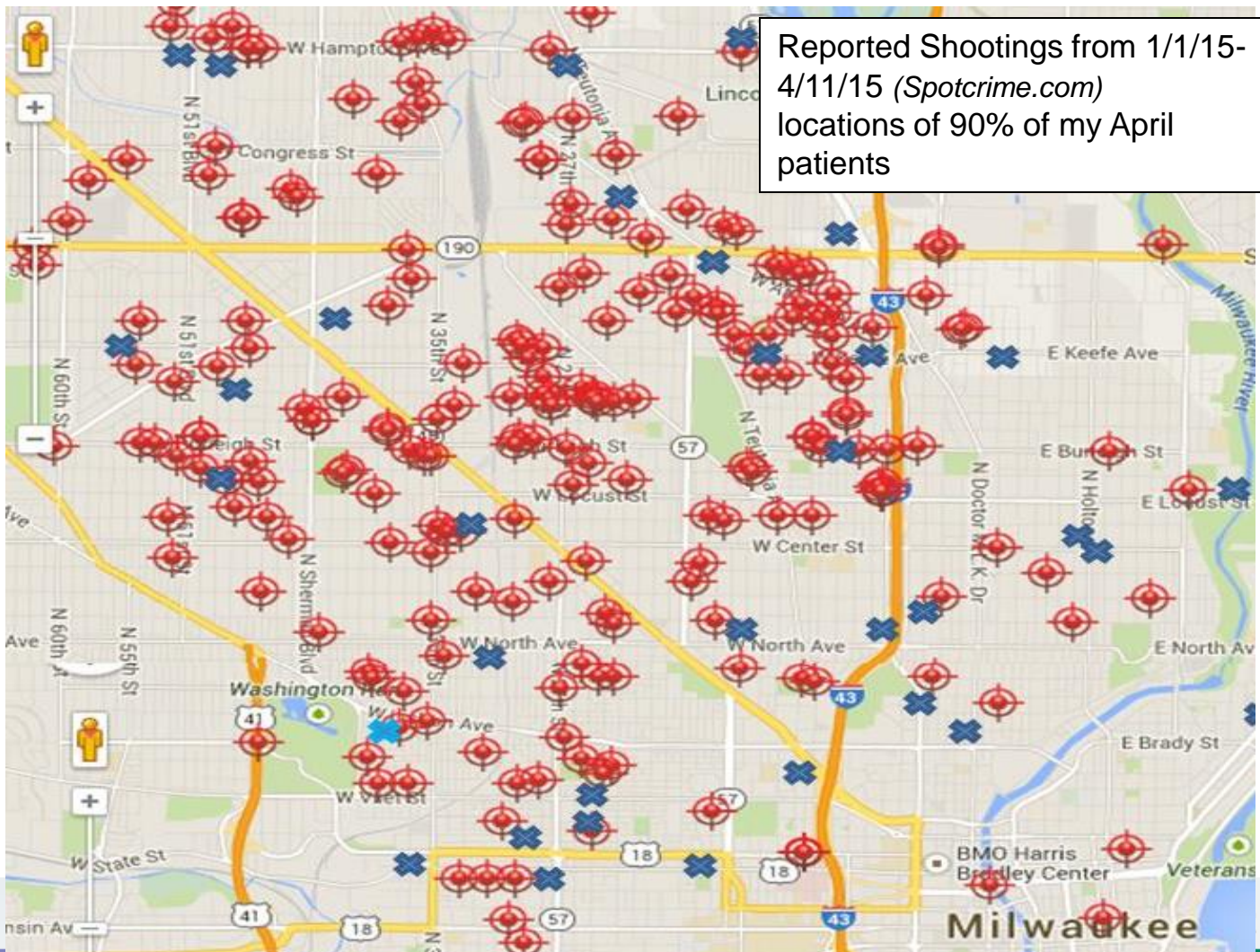
Environment

The reality of violence and living in fear

- Bullets through walls
- Home invasion
- Harassed when walking down the street
- Chaotic, unpredictable
- Arrange furniture
- “The cops don’t come”
- Often attend 1-2 funerals per year
- Lack of healthy role models
 - “Don’t see past 30”



Reported Shootings from 1/1/15-4/11/15 (Spotcrime.com)
locations of 90% of my April patients



Milwaukee

Health

The 3 Elements of Trauma Informed Care



- Realizing the prevalence of trauma
- **Recognizing how trauma affects individuals**
- Responding by putting this knowledge into practice

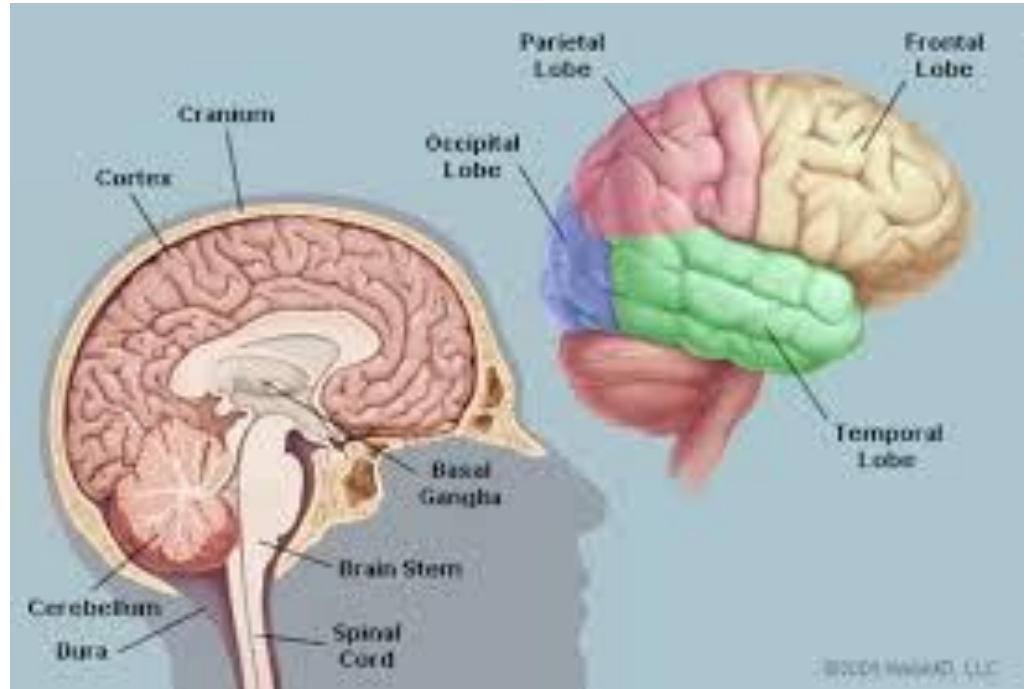
Stress/ Trauma Response

- Fight
- Flight
- Freeze



Neurobiology

Animal brain
versus
Thinking brain



Symptoms due to Neurobiology

- Hypersensitivity to physical contact
- Hyper vigilance – overreacts to perceived threats or danger (triggers)
- Hyper arousal – feeling tense, on edge, easily startled, difficulty sleeping
- Inability to be in the moment or to be “mindful”
- Difficulties with impulse control and emotion regulation
- Disturbances in regulation of bodily functions – sleeping, eating and digestion.
- Difficulties with attention and concentration
- Difficulty with planning and future-oriented thinking

Complex Trauma affects brain in 3 significant ways:

- **Brain becomes a survival brain due to pervasive experiences of fear and feeling unsafe.**
 - Relies on automatic responses of fight, flight, freeze to cope
- **the Alarm System becomes terribly distorted, perceiving danger everywhere**
 - Interferes with being present and ability to make use of resources around them
- **Interferes with the ability to appraise the present and to learn from experience**
 - “velcro for bad, teflon for good”
 - The substantial negative experiences of early childhood continue to outweigh any current positive experiences

The 3 Elements of Trauma Informed Care



- Realizing the prevalence of trauma
- Recognizing how trauma affects individuals
- **Responding by putting this knowledge into practice**

What does “TIC” look like?



Traditional

- Key Question: **“What’s wrong with you?”**
- Problems / Symptoms are discrete and separate
- Caregivers/service providers are the “experts” on the lives of their patients/victims.
- Medical exams and specific interventions are viewed as the primary method of treatment.

Trauma-Informed

- Key Question: **“What has happened to you?”**
- Problems / Symptoms are inter-related responses to overwhelming feelings
- Victim/Survivor is the expert on their life and benefit from a partnerships with caregivers/providers.
- Healing happens in healthy relationships.

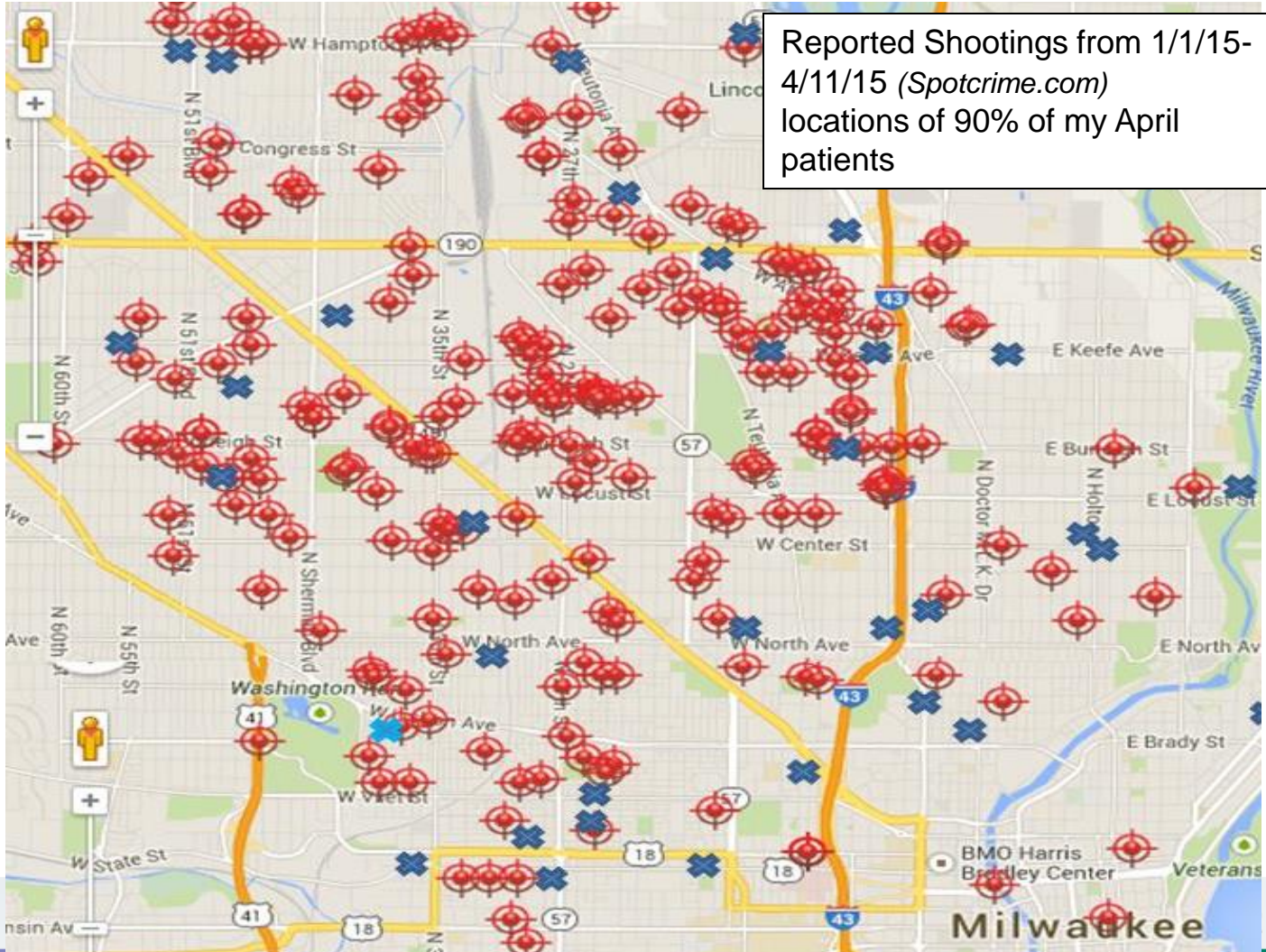
Think about troubling behavior through a lens of curiosity:

See the “non-compliant,” “difficult,” and unhealthy behaviors through a trauma lens / lens of compassion.

- how does this behavior make sense?
- how might this behavior serve the person?
- what might have happened to this person to make this a logical response?

See symptoms as COPING STRATEGIES

Reported Shootings from 1/1/15-4/11/15 (Spotcrime.com)
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Skill deficit, not Motivation deficit

“When apply the compassion necessary to treat a skills deficit, usually get better. When we treat them as unmotivated, manipulative, attention seeking, etc. they tend to stay the same or get worse.” -Ross Greene, PhD

See Symptoms as Coping Strategies -- “difficult” revised

- Suspicious of others; preoccupied with perceived threats
- Anger , aggressive, defiant
- Substance use, eating disorder
- Non-discerning in making friends or sharing information
- Unaware of their own emotions
- Not attuned to others’ emotions
- Pessimistic and hopeless outlook
- Lack sense of meaning/purpose
- Avoids asking for help or communicating needs
- Needy and demanding behavior
- Allows oneself to be victimized by others
- Isolative behavior
- Engages in loud attention seeking behavior
- Inappropriate attempts to gain intimate contact
- Self-harm behaviors
- Low self-esteem and self-worth

Create SAFETY



- Take universal precautions
 - Position in room, eye-level, ask for permission to touch
- Check your non-verbals
 - Body, face, emotion, tone of voice, BE PRESENT
- Listen (non-judgementally)
- Language matters
- Validate feelings



Compassion vs. sympathy

- Sympathy makes you want to rescue... which can lead to burnout, or anger if they don't change when you try to rescue them! Sympathy may help you see the barriers, but can reinforce patients' feelings of helplessness and hopelessness. May inadvertently reinforce marginalization and self-pity.
- Compassion helps you see their strengths, and helps THEM see their strengths. True compassion means you really want to know what it is like FOR THAT PERSON. It is GENUINE, it is HONEST, and it fosters a sense of SAFETY necessary to calm the "animal" brain. Helps to **acknowledge** the barriers, but doesn't see the barriers as an end.



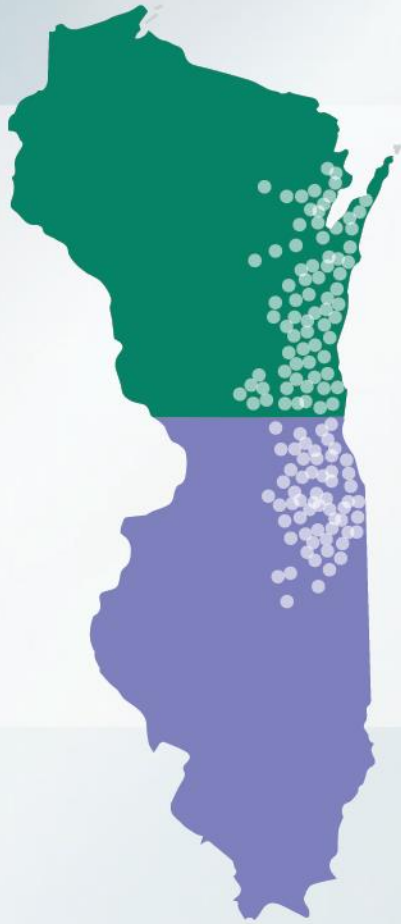
Provide Hope, Foster Resilience!

- Help them see their own strengths (they are survivors!)
- Help them see what is unique about them
- Help to connect them with activities that promote a sense of hope and value



Practice Self-Care

- Talk to trusted others/colleagues
- Identify your own triggers
- Identify your own coping strategies
- Foster your own sense of appreciation, gratitude, thankfulness, compassion
- Foster your own sense of purpose and meaning
- Acknowledge your strengths and weaknesses



Putting Trauma Informed Care into practice at Advocate Aurora

AdvocateAuroraHealth™



Advocate Health Care



Aurora Health Care®

The Early Years of TIC and Aurora

- Aurora Family Service, The Healing Center, Aurora Behavioral Health Services, Sexual Assault Treatment Center, Department of Social Work
- Trauma-Informed Care Workgroup (2009)

TIC Committee

- Promote Message of TIC
- Early education and recruitment
- Internal and Community Presentations

Challenges Along The Way

- Time: Dedicated System-wide TIC provider
- System-wide/Site-Dept.-specific Education
- Journey to Identify Medical Model and Strategies
- Identify Quantifiable Outcomes

Successes

- Strong TIC Committee and Smaller Workgroup
- Internal Online Learning and Education
- Residency Programs

Long Range Goals

- Collaboration with Advocate/Whole Health
- TIC FTE
- System-wide TIC roll-out
- Department Specific Trainings
 - Clinical and Non-clinical
- Online Interactive Learning Modules
- Department Identified “Champions”