

Unlocking Empathy: Integrating Principles of Social Determinants of Health, Trauma-Informed Care, and Motivational Interviewing into Pharmacy Practice

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Made possible by the Gordon and Betty Moore Foundation

Questions?

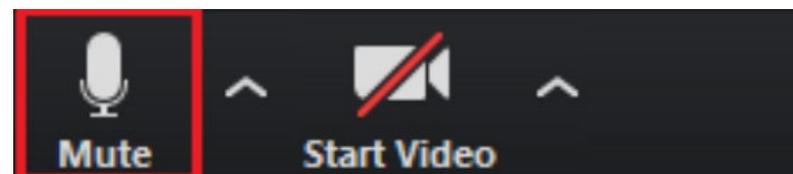
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Agenda



- Welcome
- Trauma-informed Care and Medication Trauma
- Addressing Social Determinants of Health
- Motivational Interviewing
- Ready for Change Strategies
- Q&A and Discussion

Meet Today's Presenters



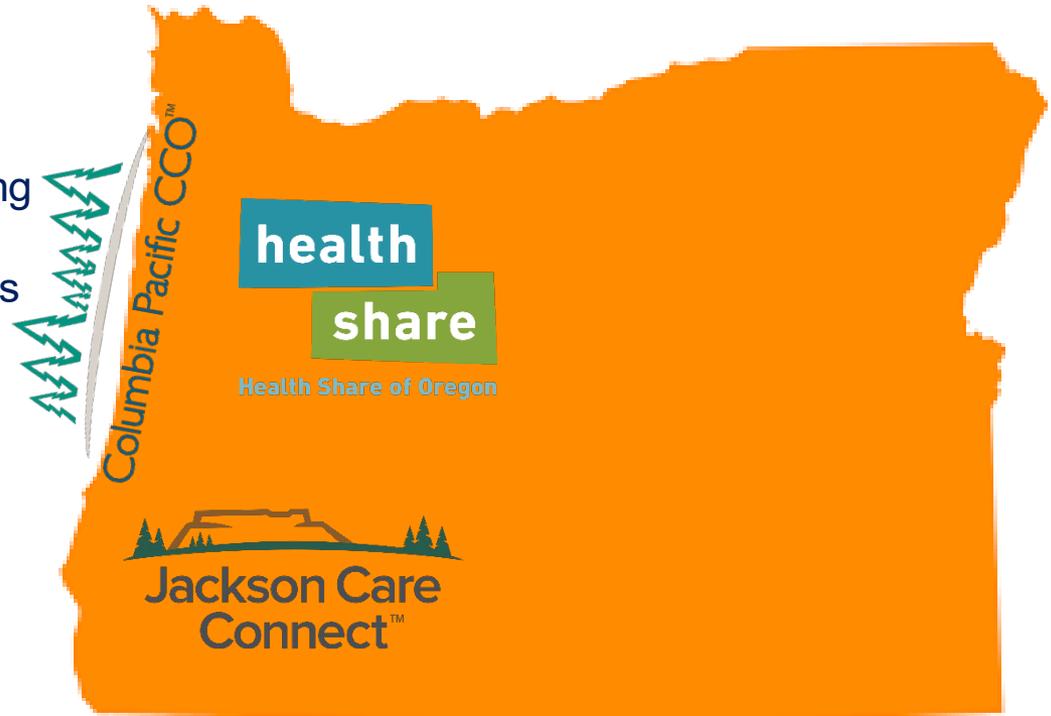
Jim Slater, PharmD,
Executive Director of
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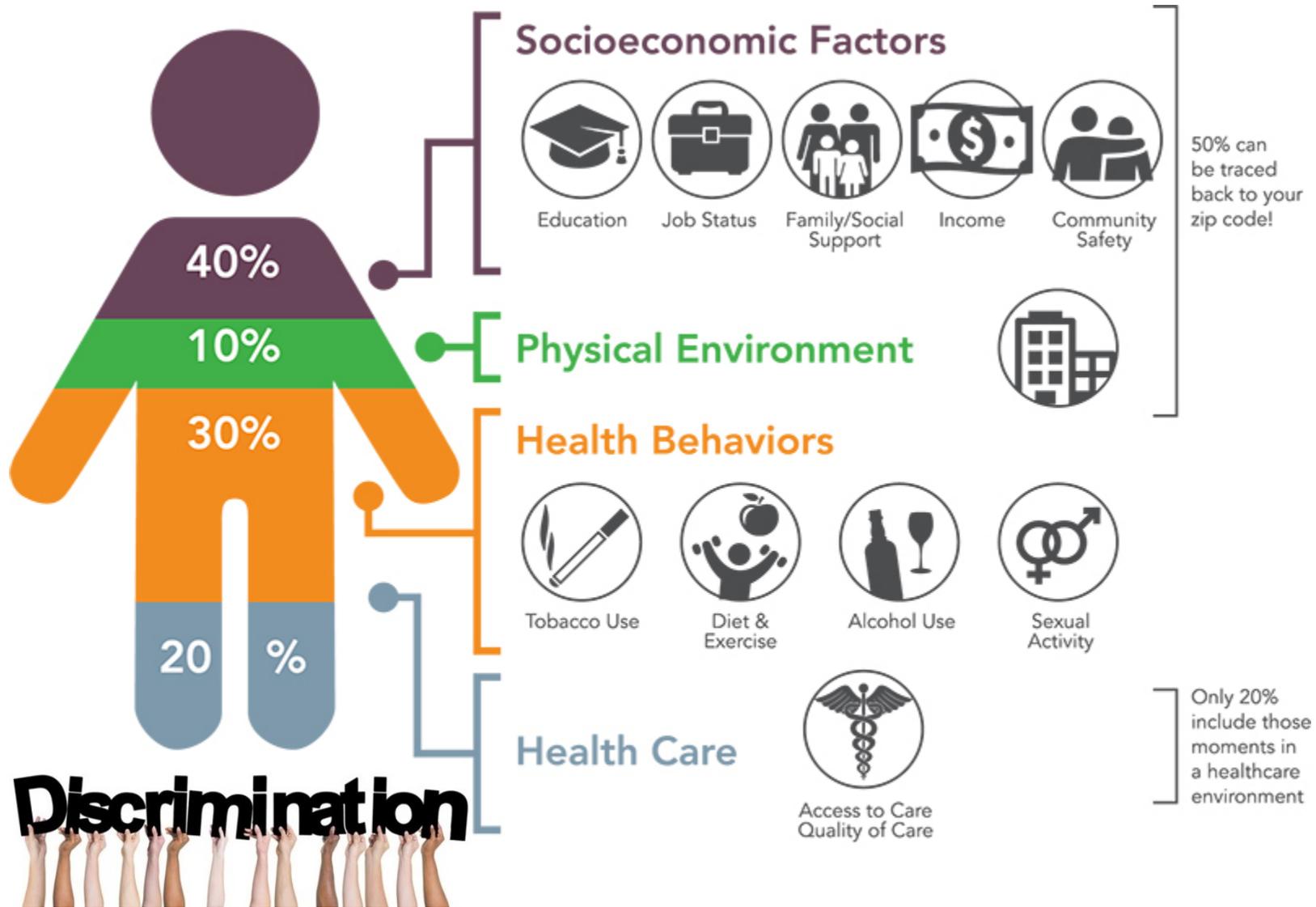


Paul Carson, BA,
Training and Development
Specialist, Pharmacy

CareOregon is...

Founded in 1993, CareOregon is a nonprofit, community benefit company serving over 300,000 Medicaid and Medicare members. Our mission is [building individual well-being](#) and community health through shared learning and innovation. Our vision is healthy communities for all individuals, regardless of income or social circumstances.





Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

What is Trauma?

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

- Substance Abuse and Mental Health Services Administration

Personal/Private	Public
<ul style="list-style-type: none">• Sexual Assault/Abuse• Domestic Violence	<ul style="list-style-type: none">• Natural Disasters• War
Persistent Cultural Inequities	

Briere, J. (2006). Dissociative symptoms and trauma exposure: Specificity, affect dysregulation, and posttraumatic stress. *Journal of Nervous and Mental Disease*, 194, 78-82.

Interpersonal violence tends to be more traumatic than natural disasters because it is more disruptive to our fundamental sense of trust and attachment, and is typically experienced as intentional rather than as “an accident of nature.”



Adverse Childhood Experiences (ACE) study

- Study of over 17,000 Kaiser Permanente members to learn how stressful or traumatic experiences during childhood affect adult health, establishing associations between childhood maltreatment and later-life health/well-being.
- Findings suggest certain experiences are major risk factors for the leading causes of illness, death and poor quality of life in the United States. Trauma is far more prevalent than previously recognized.

<https://www.cdc.gov/violenceprevention/acestudy/about.html>

Adverse Childhood Experiences Survey (ACEs) Study

63% of participants had at least one category of childhood trauma – over **20%** experienced **3 or more** categories of trauma.

- 28%** experienced physical abuse.
- 27%** grew up with someone in the household using alcohol and/or drugs.
- 23%** lost a parent due to separation or divorce.
- 21%** experienced sexual abuse.
- 19%** grew up with a mentally-ill person in the household.
- 15%** experienced emotional neglect.
- 13%** witnessed their mothers being treated violently.
- 11%** experienced emotional abuse.
- 10%** experienced physical neglect.
- 5%** grew up with a household member in jail or prison.

<https://www.cdc.gov/violenceprevention/acestudy/about.html>

Impact of Trauma: Health, Behavior, and Life Potential

ACEs can have lasting effects on...



Health - obesity, diabetes, depression, suicide attempts, STIs, heart disease, cancer, stroke, COPD, broken bones

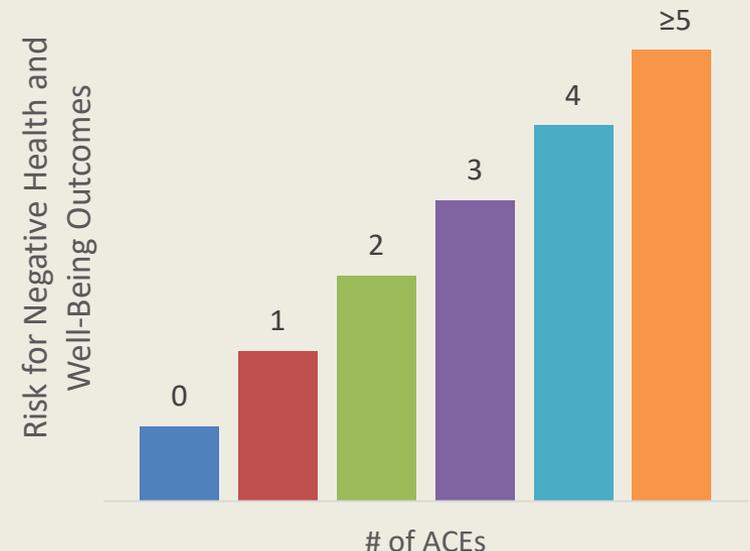


Behaviors - smoking, alcoholism, drug use



Life potential - graduation rates, academic achievement, lost time from work

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcomes.

Trauma-Informed Insight

Replaces “*What’s not working?*” with

“**What happened to you?**”

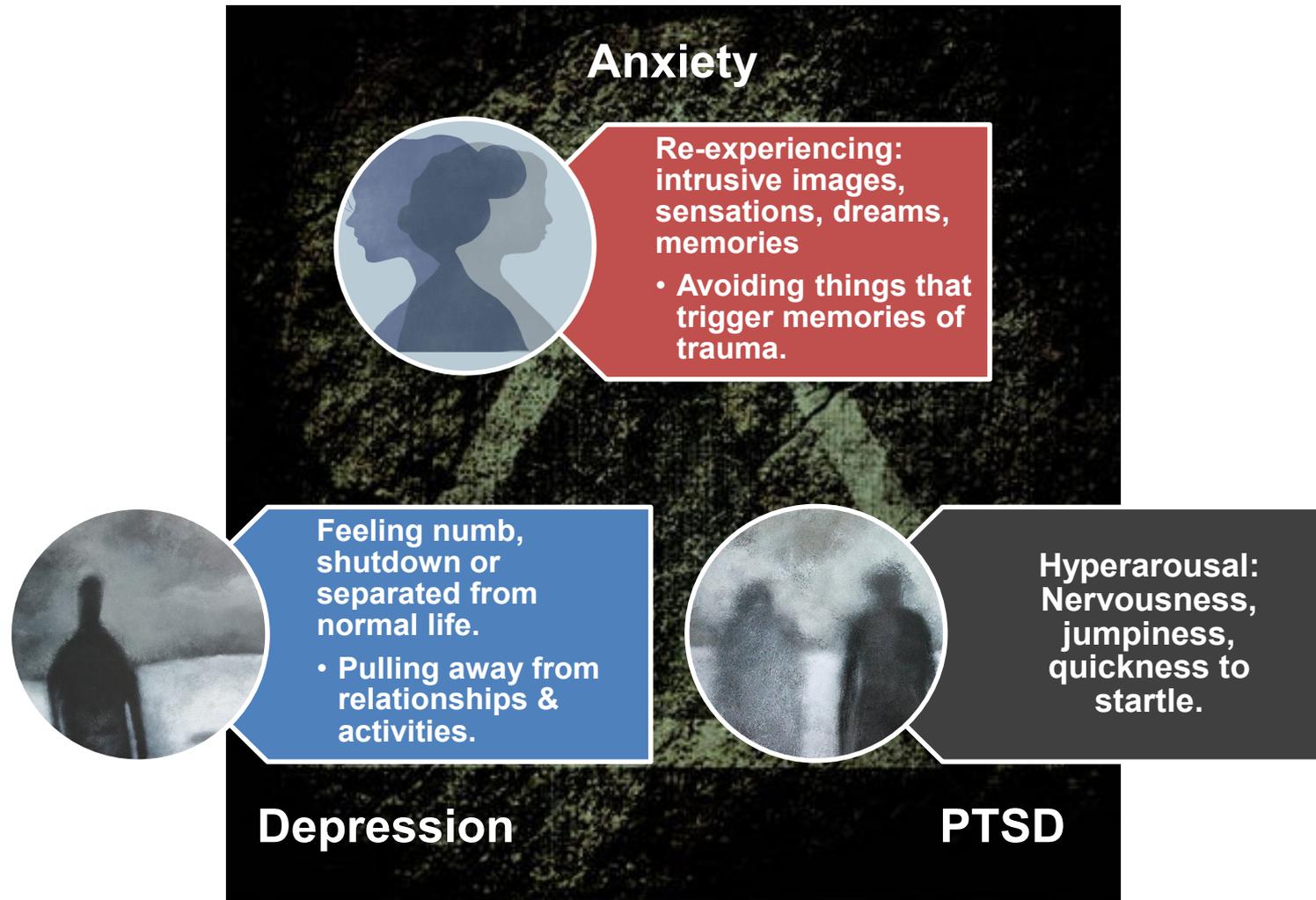
“**What’s happening to you?**”

“**How are you feeling right now?**”

- Patient often:
 - Is navigating trauma
 - has a trust issue
 - Is in a **fight, flight or fear** (FFF) state
 - Has a low threshold/many triggers for FFF.
- Once FFF is triggered, it will be very hard to:
 - Retain information
 - Process information correctly
 - Follow through on medical, behavioral or drug therapy



Trauma Triangle





“Medication Trauma is medication complexity and lack of coordination that overwhelms the patient, caregivers and provider’s resources, creating fear, confusion and error, which leads to poor adherence, compliance and outcomes.” James Slater

Pearls to Addressing SDOH

- Focusing on relationship first
- Provide adequate time to listen
- Seek patient point of view
- Allow patients to reveal their emotions
- Seek context (home visits, clinic visits, friend or caregiver input)
- Give the patient a sense of team support

Examples of the Ways Providers are Addressing SDOH

- Cross walking SDOH “vital signs” to actionable steps
- Increase access to health care services
- Accompany patients to appointments
- Make referrals and coordinate services
- Teach health navigation language and skills
- Facilitate continuity of care by providing follow up support
- Enroll clients in health coverage programs and educate them on how to use their new coverage
- Link clients to community resources

CareOregon is addressing SDOH through...

- Regional specific care teams
- Partnering with clinics and health systems that are “ready”
- Population segmentation to provide services in the right way that works for people in “their context”
 - Equity and Diversity considerations
- Multidisciplinary teams
 - Role clarity with teams and across teams
- Community partnerships for transportation, housing, home visits
- Creating a sense of dignity, belonging and relationship
- Develop tools to engage/empower patients

A Human-Centered Design Solution

Members needed a tool to use with their healthcare provider or caregiver to discover:

- What do you want us to know?
- What is important to you?
- What would you like to work on?
- **Let your voice be heard**



Medication Muddle

- High medication burden
- Low health literacy
- Little time/support



Confusion

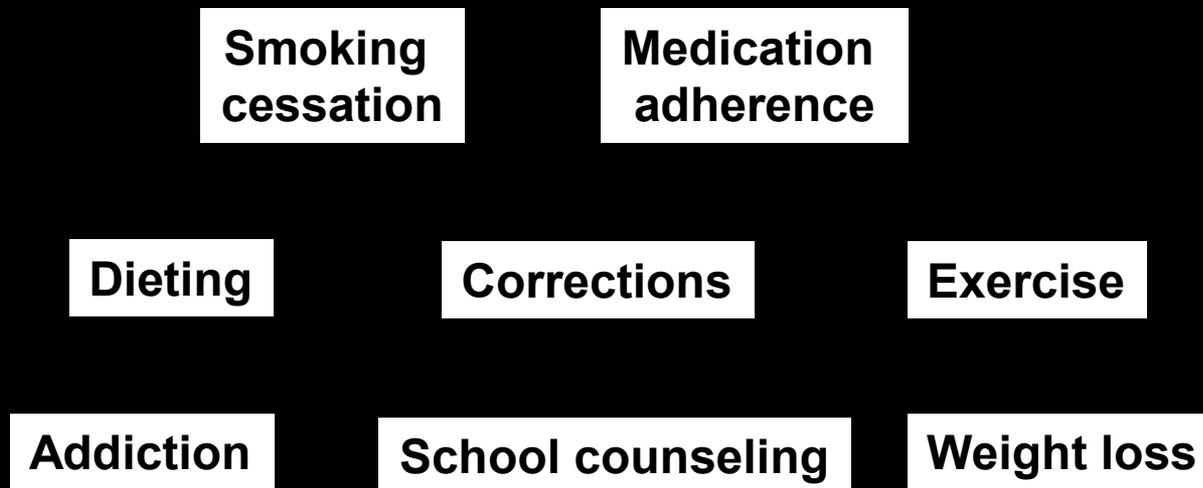
- Multiple prescribers
- Don't know why they're taking it – **Indication/purpose often not spelled-out on label**
- Too many medications
- Unsure how to have the conversation
- Feel rushed – miss opportunity



How Do You Feel About Your Medication?

Why I take this	How do I feel about it?	Notes <input type="text"/>
Anxiety	<input checked="" type="radio"/>  <input type="radio"/>  <input type="radio"/> 	Helps me feel calmer
High blood pressure	<input type="radio"/>  <input type="radio"/>  <input checked="" type="radio"/> 	Makes me itch
Diabetes	<input type="radio"/>  <input type="radio"/>  <input checked="" type="radio"/> 	Makes me too sleepy

Introduction to Motivational Interviewing



A collaborative conversation style for strengthening a person's own motivation and commitment to change. -Miller & Resnick, 2013

MI helps resolve ambivalence...

...helping elicit a person's own motivation to change



Using MI is like giving water to the seed of motivation **The seed is already there**

The only real water and sun is what the patient says and believes
After they leave, the seed sprouts

A non-motivational, directive approach stamps dry dirt down over the seed, suffocating it

Natural tendency to push back
Status quo statements are believed

Traditional Counseling

- Advice given, patient expected to listen, follow instructions.
- Can increase resistance to change.
- Makes patient defensive.

Motivational Interviewing

- Patient does most of the talking.
- Help patient understand their own motivation for change.
- Patient is the expert on their personal circumstances.

Close-ended

- Do you have any questions about your medications today?
- Do you realize that smoking threatens your health?
- Do you think you can make this change?

Open-ended

- What questions can I answer for you about your medicine today?
- What do you think it would be like if you weren't a smoker anymore?
- Why do you think it might be time to quit?

What is Change Talk?

“I wish I could”

“I will”

“I want to change”

“The reasons are...”

“I can”

“It would solve problems”

Evoking Change Talk

Speech that favors movement in the direction of change.

Any of these kinds of conversation or statements.

Recognize Change Talk

When patients verbalize their own thoughts about change.

- **Desire** – “I wish I could exercise more often.”
- **Ability** – “I can walk around the block 2x/ day.”
- **Reasons** – “I know quitting smoking will lower my risk of getting cancer.”
- **Need** – “I need to quit smoking or my relationship with my kids will be ruined.”
- **Commitment** – “I will use a pillbox so I can make sure to take my meds twice a day.”
- **Taking Steps** –
 - “I actually went out and...”
 - “This week I started...”
 - “I walked up the stairs today instead of taking the elevator.”
 - “I went all last week without stopping by McDonalds.”

Develop Discrepancy

- Discrepancy helps people see the gap between where they are and where they want to be.
- Seeing a discrepancy between their values/beliefs and the reality of their current behavior, they are more likely to want to resolve that discrepancy.



**Current
Behavior**

**Values
Beliefs**

An MI Toolkit: “Drive-by MI”



READINESS RULERS

Readiness rulers are a tool designed to elicit change talk. Use them to explore the importance clients attach to changing, and their confidence and readiness to change (on a scale of 1 to 10). “On a scale of 1 through 10, how important is it for you to quit smoking?” “On the same scale, how confident are you feeling about your ability to quit?”

1	2	3	4	5	6	7	8	9	10
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Low importance/confidence:

Extremely important/confident

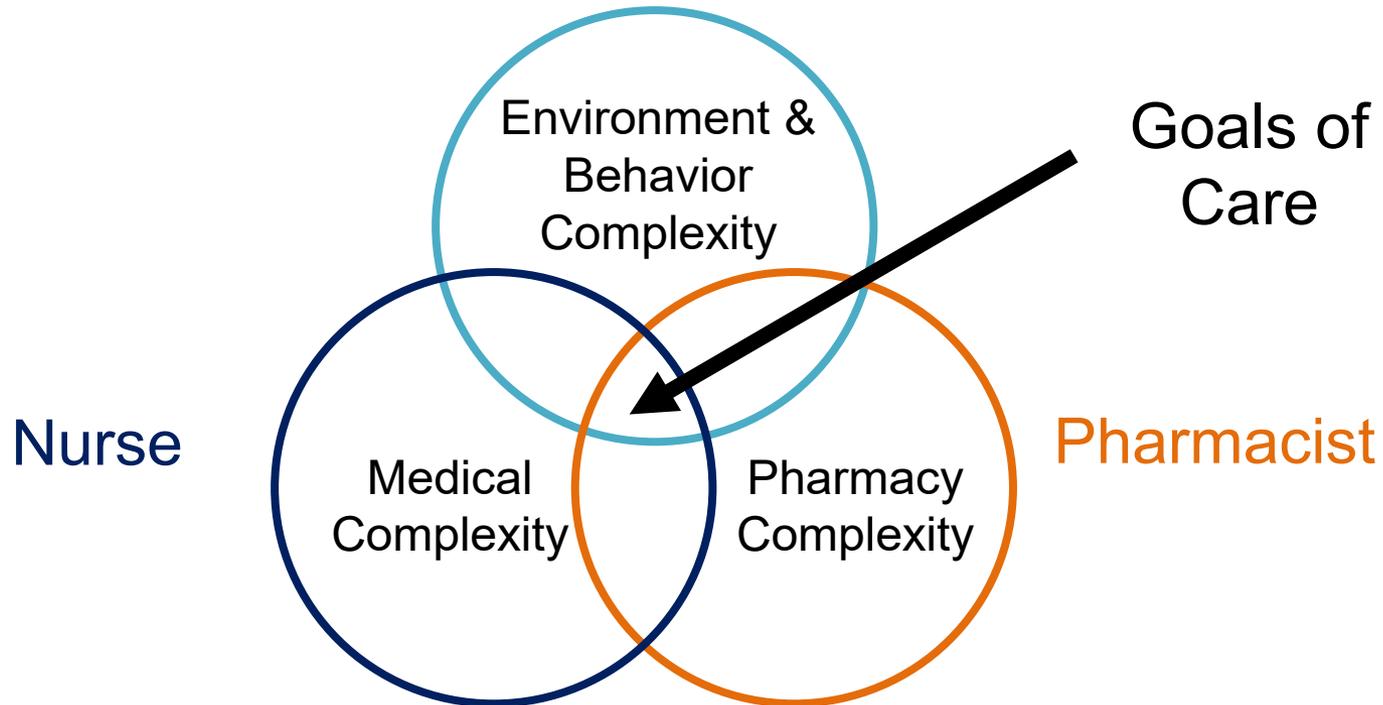
Why I take this	How do I feel about it?	Notes
Anxiety	<input checked="" type="radio"/> 😊 <input type="radio"/> 😐 <input type="radio"/> 😞	Helps me feel calmer

Who helps “amenability”?

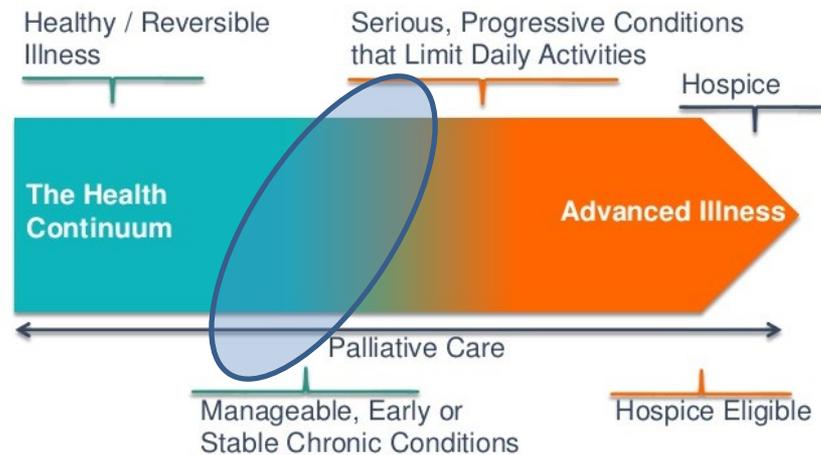


Amenable - Gem

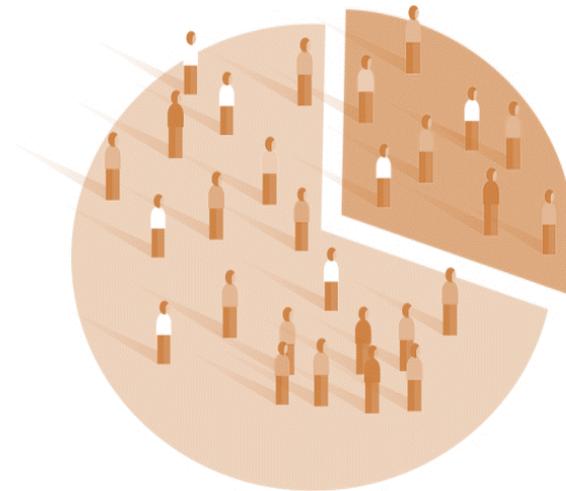
Social Worker
Behavioral Health Specialist



Where is the patient in their journey?



Adapted from C-TAC



Goals of care defines amenable risk

Amenable - Triage

Patient Readiness	Success	Amenable
	Struggle	Success

System Resources & Readiness

Amenable - Pearls

- Avoid “medicalizing” a non-medical problem
- Healing is an experience of:
 - Hope
 - Belief
 - Trust
 - Relationship
 - Time
- Rx: Caring Conversations
- Deprescribe/Simplify
 - Less is more

Takeaways: Start with Empathy and end with Empowerment

- Build rapport and trust – best path to buy-in
- Listening is more powerful than fixing
- Find out “What Matters to Them?” to land on their goals of care
- Partner in their journey to “Hope & Healing”
- Use the MEDS Chart to reveal how they feel about their medications
- Get trained in motivational interviewing

Questions?

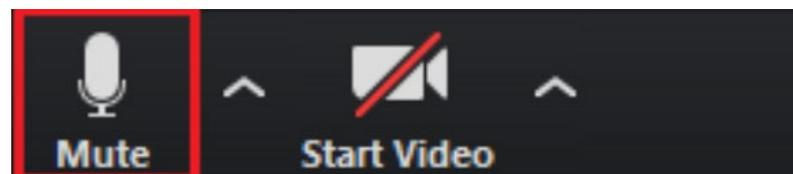
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Discussion and Q&A

- After providing initial training to pharmacists and techs, do you provide ongoing training? And if so, how often, and what type of format (e.g., didactic, online)?
- How can motivational interviewing be integrated into your care team/pharmacy staff's interactions with patients?
- When pharmacy staff identify a SDOH need, what is the process for addressing those needs, “triaging” referrals and closing the loop on referrals?

Thank You!