

# Training Staff in Trauma Treatments: Considerations for Complex Care Providers

By Alexandra Maul, Center for Health Care Strategies

## IN BRIEF

Health care professionals increasingly recognize the detrimental impact of trauma on patients' lives and health outcomes. As a result, there is burgeoning interest in the use of evidence-based trauma treatments and the delivery of trauma-informed care. Five leading complex care organizations across the country recently sought to train their staff in a variety of evidence-based trauma treatment approaches: *Seeking Safety*; *Eye Movement Desensitization and Reprocessing*; and *Attachment, Regulation, and Competency*. This technical assistance brief draws from the experiences of these five sites — all participants in CHCS' *Complex Care Innovation Lab* — to outline considerations for training and implementation of these models in health care settings. The experiences of these five complex care programs can inform the efforts of other provider organizations seeking to adopt an evidence-based approach to trauma treatment.

Individuals with complex medical, behavioral, and social needs often have a history of trauma. Understanding the impact of trauma on patients' lives and enhancing staff capacity to address patients' traumatic experiences can help health care professionals in more effectively engaging patients. Recognizing the need to become "trauma-informed" is a first step for health care providers, but to fully address the impact of trauma on patients, health care organizations should also consider adopting evidence-based trauma treatments. Evidence-based trauma treatment approaches are among a number of evolving methods for addressing trauma, and are increasingly recognized as a key to working effectively with high-need, high-cost populations.

In 2015, participants in the Center for Health Care Strategies' (CHCS) *Complex Care Innovation Lab* (the Innovation Lab) collaborated to explore evidence-based strategies for addressing trauma among the populations they were serving. With support from CHCS, five *Innovation Lab* organizations — Camden Coalition of Healthcare Providers, CareOregon, Commonwealth Care Alliance, Project ECHO, and Southcentral Foundation — trained their staff, including nurses, social workers and community health workers, in one or both of the following models: *Seeking Safety* and *Eye Movement Desensitization and Reprocessing* (EMDR).<sup>1,2</sup> Additionally, one site (Southcentral Foundation) independently pursued training in the *Attachment, Regulation, and Competency* (ARC)<sup>3</sup> model. These models were chosen because of their robust evidence base and demonstrated success with vulnerable populations (see Exhibits 1 and 2).

CHCS conducted post-training questionnaires and interviews with staff and leadership from the organizations to measure changes in knowledge and confidence around trauma and trauma-informed care (TIC). This technical assistance brief synthesizes their feedback to provide practical considerations for training staff in and implementing clinical TIC treatment models. It can inform the efforts of health care organizations seeking to adopt an evidence-based approach to trauma treatment.

**EXHIBIT 1: Organizations Participating in Complex Care Innovation Lab Trauma Treatment Trainings**

Organization	Target Population	Model(s) Pursued
<b>Camden Coalition of Health Care Providers (Camden, NJ)</b>	Camden residents with patterns of high health care utilization, including primarily Medicaid or Medicare beneficiaries	Seeking Safety
<b>CareOregon (Portland area, OR)</b>	Oregon Health Plan (Medicaid) beneficiaries	Seeking Safety
<b>Commonwealth Care Alliance (MA)</b>	Seniors and individuals with disabilities enrolled in Medicare and Medicaid	Seeking Safety
<b>Project ECHO (NM)</b>	Medicaid-enrolled individuals with complex health and social needs	Seeking Safety and EMDR
<b>Southcentral Foundation (AK)</b>	Alaska Natives and American Indians of all ages, covered primarily by the Indian Health Service as well as Medicaid and private insurance	Seeking Safety, EMDR, and ARC

**EXHIBIT 2: Trauma Treatment Models Explored by Innovation Lab Organizations**

Treatment Model	Description	Target Population(s)	Demonstrated Outcomes
<a href="#"><u>Eye Movement Desensitization and Reprocessing (EMDR)</u></a>	Information processing therapy to reduce trauma-related stress and strengthen adaptive beliefs by focusing on: <ol style="list-style-type: none"> <li>1. Spontaneous associations of traumatic images, thoughts, emotions, sensations; and</li> <li>2. Dual stimulation using bilateral eye movements, tones, or taps.</li> </ol>	Adults who have experienced trauma or who have been diagnosed with PTSD.	Meta-analyses show similar outcomes to other exposure therapy techniques.  Endorsed by World Health Organization and Dept. of Veterans’ Affairs. <sup>4</sup>
<a href="#"><u>Seeking Safety</u></a>	Present-focused treatment to help individuals attain a sense of safety focusing on: <ol style="list-style-type: none"> <li>1. Prioritizing safety;</li> <li>2. Integrating trauma and substance use;</li> <li>3. Rebuilding a sense of hope for the future;</li> <li>4. Building cognitive, behavioral, interpersonal, and case management skill sets; and</li> <li>5. Refining clinicians’ attention to processes.</li> </ol>	Adults who have experienced trauma, or who have been diagnosed with PTSD or substance use issues; groups and individuals in a variety of settings, including residential and outpatient.	Listed as “supported by research evidence” for adults by the California Evidence-Based Clearinghouse and “strong research support for adults” by the Society of Addiction Psychology of the American Psychological Association. <sup>5</sup>
<a href="#"><u>Attachment, Self-Regulation, and Competency (ARC)</u></a>	Framework applied in multiple treatment settings (e.g., therapy, workshops, interventions), developed to support the child, family, and system’s ability to engage in the present moment to help a child’s system of care become trauma informed. <sup>6,7,8</sup> Activities focus on: <ol style="list-style-type: none"> <li>1. Attachment;</li> <li>2. Self-regulation;</li> <li>3. Competency; and</li> <li>4. Trauma experience integration.</li> </ol>	Youth ages 2-21 and families who have experienced chronic traumatic stress, multiple traumas, and/or ongoing exposure to adverse life experiences. <sup>9</sup>	Research suggests that ARC leads to a reduction in a child’s posttraumatic stress symptoms and general mental health symptoms, as well as increased adaptive and social skills. <sup>10</sup>

## Insights for Training Staff in Trauma Treatment Models

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Staff from all five organizations found the trainings valuable and would likely recommend the models to others in the field. Drawing from their experiences, following are considerations for organizations interested in training staff in trauma-specific treatments.

### Consider whether the treatment model is appropriate for your organization's care model and population served.

Organizations serving complex populations have unique needs and features, depending on the population served, types of professionals on staff, and services delivered. Considerations for choosing an appropriate model include:

- **Evaluate applicability to the care setting.** Organizations should examine whether the structure of the treatment fits their care models. For example, *Seeking Safety* relies heavily on patient groups, thus it may be most appropriate for a care setting that routinely offers group appointments or education sessions. *EMDR*, on the other hand, is a one-on-one treatment, and thus could be more useful for organizations that offer individual sessions. Organizations that provide a variety of services or serve a broad range of populations may seek flexible models. *ARC*, for example, can be used with children, adolescents, and their caregivers.
- **Determine whether the treatment model fits within time constraints.** Because medical appointments are often 15 minutes or less, treatment approaches that require more time may not be useful in some health care settings. Organizations should consider if the model naturally fits within its appointment structure (or if it is flexible enough to be adapted to fit within it), or if the time requirements make using the model difficult. Several participants from the training sites noted that *Seeking Safety* group sessions required more time than their organization's providers were able to offer, meaning that the model may be less well suited for a busy health care delivery setting such as a primary care clinic.
- **Explore which staff members can administer the treatment.** Both licensed and unlicensed staff can use some models, while others are restricted only to licensed practitioners. For example, both *Seeking Safety* and *ARC* allow unlicensed staff to administer the treatments, whereas *EMDR* requires a licensed health care provider. Particularly in settings where clinicians' billable time is critical to organizational revenue, a model that allows for a wider range of staff to provide the service may be seen as valuable by leadership.

## Explore how to maximize the benefit of the model to increase staff buy-in and adoption.

While the participants universally indicated that the trainings were valuable, it was clear that different elements were valuable to individuals serving different roles, and that determining how to communicate the value of the training to a wide variety of organizational stakeholders was beneficial. Recommendations include:

- **Assess baseline levels of trauma knowledge.** Participants noted that all of the models provided helpful overviews of trauma and trauma-informed care, but many also indicated that they already had a strong foundational knowledge prior to the trainings. Prior to conducting a training, organizations should consider their staff's baseline knowledge to determine which staff might benefit the most and how much background information to include in the training.
- **Develop a plan for achieving organizational support of the model.** Participants noted that in order to increase adoption of an approach, it is valuable to consider how to bring leadership and others within the organization on board before and after the training. Staff who have been trained can communicate the impact and benefits of the approach with supervisors and other individuals in leadership roles. Similarly, leadership can emphasize the treatment's benefits and share information with staff through newsletters and staff meetings to promote sustainability and organization-wide adoption.
- **Encourage leadership and medical providers to attend trainings.** Getting medical providers to adopt treatment approaches can be challenging, particularly if clinicians see the new options as an "extra step" in their work. As appropriate, ensuring that physicians and other medical providers participate in trainings to learn about the benefits of trauma-informed care can help make the case for adopting a model.
- **Consider trauma treatment models that provide tangible tools for immediate use.** Organizations should consider adopting models that have well-developed training and work materials. For example, *Seeking Safety's* role-play exercises, grounding techniques, handbook, and handouts help staff practice and apply the information introduced during the training.

## Consider patients' understanding and participation in a trauma treatment approach.

Although the trainings are aimed at staff, it is important that organizations consider how their patients will be impacted by a new treatment model. Recommendations include:

- **Assess whether patients will understand the approach and its benefits:** Participants noted that some models were more complicated than others to implement, and it was harder to communicate to patients the rationale for the approach. The *ARC* framework is particularly understandable for individuals without formal training in trauma. It breaks down trauma-related concepts into digestible, accessible messages, with concrete examples about how trauma and the *ARC* strategies might play out within the participants' and patients' lives.
- **Consider the level of patient trust and commitment that is needed for implementation.** Some models, like *EMDR*, require a patient to fully engage in a therapist-led exercise, which can mean a significant time investment for both the patient and care provider. Patients will need to trust their provider and be committed to using *EMDR* because it may incorporate physical touch and could evoke feelings of vulnerability. Additionally, organizations should assess cultural appropriateness of a model and whether the model is suitable for its patient population's ethics, norms, and expectations.

## Ensure that sufficient time will be allotted for practicing and implementing the model.

One of the main takeaways for participants was that it can require significant practice and time investment to master these models after the initial trainings. Organizations should identify opportunities to support ongoing practice and occasional "refreshers." Recommendations include:

- **Build in adequate time for staff to practice the approach.** One of the elements of *Seeking Safety* that participants valued was only having to commit to one day for training. However, they also stated that more role-playing during the training would have helped them to feel more comfortable with implementing the approach. Organizations should consider how to support staff in gaining confidence and expertise for using the new model, including scheduling opportunities for individuals to practice on each other, providing strong supervisory feedback, etc. Similarly, organizations may want to build ample time to focus on role-playing and practicing during training sessions.
- **Ensure models can be implemented soon after training.** Both organizational leadership and site staff noted the importance of being able to implement the model shortly after the training to begin benefiting patients as soon as possible, and also to allow staff to put their new skill sets into practice shortly after learning them. Some approaches require additional certification hours or booster trainings in order for staff to be able to practice the approach — organizations should have a clear understanding up front if this is necessary and a strategy for providing these additional resources as needed.

## Conclusion

*Seeking Safety*, *EMDR*, and *ARC* are promising tools to help health care providers and staff work more effectively with patients who have experienced trauma. However, these treatments are not one-size-fits-all, and health care organizations should carefully consider whether each model fits its time constraints, culture, and patient population. The experiences of the five *Innovation Lab* members in using these approaches can help inform the efforts of other provider organizations interested in pursuing these or similar models.

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

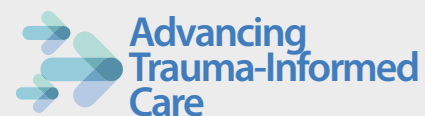
The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

The brief is a joint product of two national CHCS initiatives: the ***Complex Care Innovation Lab*** and ***Advancing Trauma-Informed Care***.

The ***Complex Care Innovation Lab***, made possible by Kaiser Permanente Community Benefit, brings together national leaders in improving care for low-income individuals with complex medical and social needs. For more information, visit [www.chcs.org/innovation-lab/](http://www.chcs.org/innovation-lab/).



***Advancing Trauma-Informed Care***, a national demonstration project made possible by the Robert Wood Johnson Foundation, is seeking to better understand how trauma-informed approaches can be practically implemented within the health care sector. For more information, visit [www.chcs.org/traumainformed](http://www.chcs.org/traumainformed).



## ENDNOTES

<sup>1</sup> For information about the Seeking Safety model, visit: <http://www.treatment-innovations.org/seeking-safety.html>.

<sup>2</sup> For information about the EMDR model, visit: <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=199>.

<sup>3</sup> For information about the ARC model, visit: <http://www.traumacenter.org/research/ascot.php>.

<sup>4</sup> R. Davis and A. Maul. *Trauma-Informed Care: Opportunities for High-Need, High-Cost Medicaid Populations*. Center for Health Care Strategies, March 2015. Available at: <http://www.chcs.org/resource/trauma-informed-care-opportunities-high-need-high-cost-medicaid-populations/>.

<sup>5</sup> Ibid.

<sup>6</sup> Trauma Center at Justice Resource Center. "Attachment, Regulation, and Competency." Available at: <http://www.traumacenter.org/research/ascot.php>.

<sup>7</sup> The National Child Traumatic Stress Network. "ARC: Attachment, Self-Regulation, and Competency: A Comprehensive Framework for Intervention with Complexly Traumatized Youth." Available at: [http://www.nctsn.org/sites/default/files/assets/pdfs/arc\\_general.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/arc_general.pdf).

<sup>8</sup> Ibid.

<sup>9</sup> Trauma Center at Justice Resource Center, op. cit.

<sup>10</sup> Ibid.