

CHCS Webinar:

Lessons from the Front Lines: Insights into Trauma-Informed Care for Medicaid's Complex Populations

June 22, 2015

1. What types of trauma-specific treatments are used and what is the format for sessions with clients (group, individual, peer support, number of sessions over time, etc.)?

CHCS' March 2015 brief, "[Trauma-Informed Care: Opportunities for High-Need, High-Cost Medicaid Populations](#)," outlines six well-known treatment approaches, describing major characteristics, target populations, and outcomes to date. The treatment approaches described in the brief include: Addiction and Trauma Recovery Integration Model (ATRIUM), Prolonged Exposure Therapy (PE Therapy), Eye Movement Desensitization and Reprocessing (EMDR), Sanctuary Model, Seeking Safety, and Trauma Recovery and Empowerment Model (TREM and M-TREM).

Additionally, the Substance Abuse and Mental Health Services Administration's National Center for Trauma-Informed Care highlights several trauma-specific interventions [on their website](#).

2. Where can you learn more about the neurobiology of trauma?

[The Center on the Developing Child at Harvard University](#) is a comprehensive resource providing research, guides, and tools around the neurobiology of trauma, toxic stress, and resiliency.

The [Child Trauma Academy](#) contains a library of journal articles, audio, and videos on the neuroscience behind the effects of trauma on the developing brain.

3. How did you build the trusting relationship with trauma patients? How could you do this for a pediatric population, in which parents can sometimes be a barrier?

"Although we may not be successful initially, or maybe at all, we have the most success by first asking if someone wants our help. We ask the patient what he/she needs (always clarifying that we are helping with health goals), and simply listen to patient. We do not start the relationship with paperwork/intake forms, instead we lead by asking the patient what would be helpful. We start with where the patients are struggling, i.e. 'I can't get an appointment at my doctor's office', 'I need a place to live', or, 'my doctor won't refill my pain medications.' By discussing these barriers, we focus on finding opportunities to build trust.

Parents often need as much or more help than their child. I have tried to get the parent mental health services separately from the children. However, often separate mental health services for the parent is not possible for various reasons. In that case, I include the parent in helping the child, and

work with the parent's desire to be the best parent as possible to their child. In that way you are giving them the attention and validation they need and role modeling healthy parental behaviors."

– Laurie Lockert, CareOregon

"When we have introduced the Adverse Childhood Experiences (ACE) survey, we find that transparency can be very effective. Saying something like, 'research has shown us that when something bad happens to you, it stays with you and can cause physical pain later in life. However, talking about it can start the healing process. If you're comfortable, I'd like to talk with you about what happened to you.'

Similar phrasing could be used with kids or parents. When we talk about patient engagement in a broader sense, we talk about the importance of asking permission, open body language, eye contact, reflective listening, and making sure that we follow-up and follow-through."

– Katharine Royer, Camden Coalition of Healthcare Providers

4. Has there been any work done in terms of involving the health plans in the TIC approach?

"[HealthShare of Oregon](#) (one of Oregon's coordinated care organizations) has become increasingly active with identifying and recognizing the extent of trauma in the Medicaid population being served, and accordingly is developing health strategies to address that in our community. It's Medical Director, a psychiatrist, Maggie Bennington-Davis, MD, is a national leader and organizational consultant to health systems trying to move toward being trauma-informed." – Laurie Lockert, CareOregon