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# Quality Improvement and Building a Trauma- Informed Healthcare Practice

8<sup>th</sup> Annual Arkansas ACEs and Resilience Summit

Chad Rodgers, MD and Ladeana Bell, LPE-I

Moderator: Chris Spearn

# Chad Rodgers, MD, FAAP



Dr. Rodgers is the chief medical officer at AFMC and a board-certified pediatrician at Little Rock Pediatric Clinic. Dr. Rodgers received his medical degree from the University of Arkansas for Medical Sciences (UAMS), where he completed his internship and residency at Arkansas Children's Hospital, serving as pediatric chief resident. He has served as president of the Arkansas Medical Society and the Arkansas chapter of the American Academy of Pediatrics. His areas of interest include pediatric development, Positive and Adverse Childhood Experiences, Social Determinants of Health, and Health Literacy.

# Ladeana Bell, LPE-I



- Ladeana Bell, MS, LPE-I is an independently licensed psychological examiner who has been practicing psychology for 30 years. She has a wide range of clinical experience in inpatient and outpatient mental health settings in private, non-profit, and academic institutions with ages 2 to adult. Ladeana works closely with the ACEs coalition at the AR Foundation for Medical Care (AFMC). Ladeana is a frequent presenter on ACEs, trauma, and various other mental health topics. In addition, Ladeana works with the IOC quality assurance team at AFMC, focusing on behavioral health. She has a small private practice providing therapy to adults, particularly to mental health professionals and couples' counseling. Ladeana is a passionate advocate for mental health awareness, policy change, education, and systemic change related to mental healthcare delivery. She has one 24-year-old daughter, an Australian shepherd "grand dog", and two special cats.

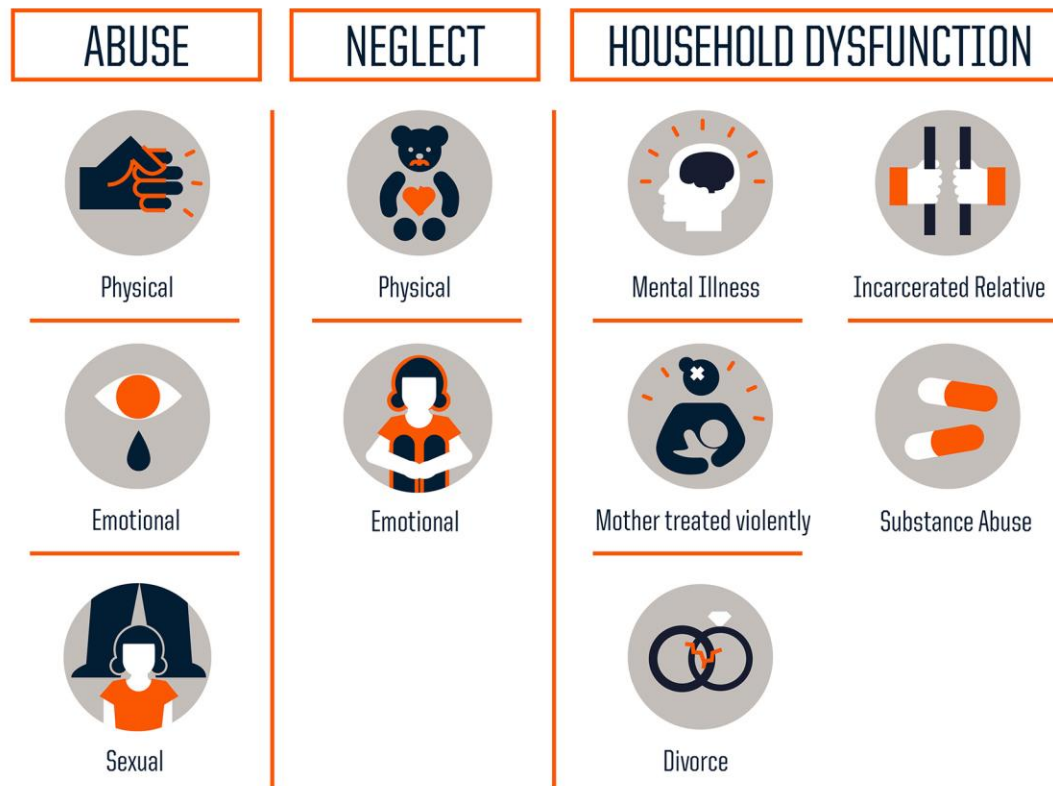
- 1. Participants will be able to identify what is meant by Trauma Informed Care (culture) as it relates to healthcare practice.**
- 2. Participants will be able to identify at least one way to measure and institute change using quality improvement principles.**
- 3. Participants will become familiar with misconceptions about trauma informed care.**
- 4. Participants will gain knowledge of how change happens at the system level versus the individual level, as it relates to instituting trauma informed care.**

# What's wrong with KK?

- KK has been a patient in your practice for last 10 years.
- Single mother of two. Works at local grocery store but going to Medical Assistant school. Her father is known as the “town drunk”. She lives with her mother and grandmother after her mom had a “break down”.
- KK’s children’s father was abusive and is incarcerated.
- At one point in her childhood, she and her mom were homeless.
- KK failed out of high school and got her GED. She was not the most popular due to her old clothes and always very quiet.

# What happened to KK?

What is  
KK's  
score?



# True or False?

- 1. We added a mental health professional to our team at our primary care medical office, so we are now trauma informed.
- 2. My sister works in suicide prevention and did an awareness presentation for our staff, so we now know how to address suicidality in a trauma informed manner.
- 3. Our psychiatric unit has three therapists that are certified in evidence-based trauma therapies (EMDR/TF-CBT), so we operate a trauma informed program.
- 4. Our clinic manager started an open conversation with all levels of staff (front desk, billing, direct care providers) about ACEs and ways to make our practice more trauma informed. We did an internal measurement of how we think we are doing in some areas. We even got a sample of patients to do a patient focused survey. Then, several people attended additional trainings on this topic. We picked three areas to change and started this process about six months ago. We have changed our admission procedures and started a different protocol for emergency walk-ins based on our new knowledge. We plan to meet quarterly to examine how we are doing, and problem solve ways to continue our goal of being trauma informed.

# What is meant by “Trauma Informed”?

- There is not one universally accepted definition but here are some good ones;
- *“Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.”*
- *“Trauma-Informed Practice is a strength-based approach, which seeks to understand and respond to the impact of trauma on people’s lives. The approach emphasizes physical, psychological, and emotional safety for everyone and aims to empower individuals to re-establish control of their lives.”*



# Six Key Principles of a Trauma-Informed Approach

- 1. Safety
- 2. Trustworthiness and Transparency
- 3. Peer Support
- 4. Collaboration and Mutuality
- 5. Empowerment, Voice and Choice
- 6. Cultural, Historical, and Gender Issues

# Interventions do not make a Practice

- Trauma specific services are clinical interventions. These interventions may include specific types of psychotherapeutic approaches grounded in research that help alleviate trauma symptoms.
- Trauma-informed care is more about the whole system, taking a holistic approach, to address organization culture and practice. It is less about a “technique” and more about a complete shift of the way the system operates.

# Remember the Shift in ACEs 101

- The TIC moves from the “What’s wrong with you?” attitude toward the “What happened to you?” mindset.
- However, TIC does not stop there, as awareness and sensitivity is not enough! The TIC organization starts to be part of changing the system and asks, “What do you need”? “How do we shift the processes, systems, and standards to support safety, choice, collaboration, trustworthiness, and empowerment?”

# SAMHSA's Trauma-Informed Approach

- A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

# Jane's Life Coaching and Counseling

- Jane is a licensed professional counselor (LPC) and a life coach. She has been in business about six years. She has gone to 5 ACEs and Resilience Summits and taken 2-3 courses about TIO, ACEs Awareness, and Trauma Sensitive Practices. Jane is working on becoming certified in specific therapy modalities that focus on evidenced-based therapy interventions (EMDR). Jane wants to know how to make her practice as trauma informed as possible. Where should she start? She has 2 support staff and 2 other life coaches in her office. She is the only licensed therapist.

# Example of Quality Improvement Steps

- Determine the area of potential improvement.
- Measure the area of focus. Get baseline data first.
- Develop objectives.
- Plan changes and anticipate barriers.
- Implement changes.
- Evaluate results.
- Commit to continuous quality improvement.

# Example for Jane's office

- \* Jane and staff measured how long it took from the first phone call until the first appointment for potential clients. Her vision and mission statement included a line about “access to expeditious services” and they felt they were not living up to this statement.
- Jane and staff tracked this from a simple notepad that was entered into an excel spreadsheet. Date of first call to date of first service delivery. They tracked it for two months.
- Objective: to get potential clients scheduled within two weeks or less of their first phone call, unless the client requests a later appointment. “The plan is to live up to our mission statement so that our advertising is not misleading.”

- Survey to staff and feedback evaluations from former clients.
- Set a launch date of changes targeting the flow of phone calls and a “check off sheet” for support staff to use that includes dates completed.
- Shared outlook calendars of all staff who want support staff to do their scheduling. For staff who want to do their own, they take over the check off sheet after the initial phone call.
- Implemented the process, met after 30 days to discuss what is going well or what has been a barrier. Met again after 90 days.
- Achieved 100% of goal by month 6.
- The TIO principle focused on by doing this was “trustworthiness and transparency.”



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# What will Jane do next to build trust and foster transparency?

- The next quality improvement area Jane and staff have identified is confusion among several clients that they are ‘getting therapy’ or “counseling” when they are receiving life coaching.
- Jane will tweak the informed consents and intake processes to check for client understanding after explaining the difference between therapy and life coaching services.
- Jane is responsive to feedback as she has heard from her google reviews and former consumers.

# Trauma Informed?

- Casey is everyone's favorite front desk employee for the last 20 years. She is also in charge of making appointments and helping settle patient bills. She assigns patient surveys and helps patients complete if needed. Fortunately, she speaks Spanish and helps translate, if needed.
- She opens up the office at 7:30 am but leaves at 4 pm to pick up her kids from after care who charges extra when she is late.
- It's Monday morning, she's a little tired from her Sunday "fun-day", had to get her kids off to school this morning but her daughter forgot her homework assignment, so she was late getting her to school and getting to work.
- Casey's co-worker, Frank, called in sick. Casey never takes time off.
- There was an issue with micro-soft and the EHR is down this morning.

# Just another manic Monday

- Casey's mother has dementia and lives with her. She is supposed to leave at lunch to take her to a doctor's appointment. They are going to be late.
- The first family of six is 21 minutes late for their appointment because their ride was late to get to the office.
- The mother of the family said she called but no one answered.
- This is the third time they had to reschedule. They are not sure if their insurance is active and worried about their unpaid bill. They didn't get the pre-visit questionnaire because the website is user unfriendly on their phone. They only see Dr. A because Dr. B was "mean" to them last time.

# Healthcare Practices

- To be effective with trauma-informed care this must be adopted at the organizational *and* clinical level.  
From admission to discharge. From support staff to direct care staff.
- Lead and communicate about being trauma-informed
- Train both clinical and non-clinical staff
- Create a safe physical and emotional environment
- Involve patients in the treatment process (talk WITH them not “at them”)
- Screen for trauma and engage referral sources and partner organizations

# Deep Thoughts....

- Think about your own practice.
- Start with how patient's first have contact with your practice
  - Website
  - Scheduling appointments
  - Your location
- Front desk/check-in
- Waiting room, hallways, exam rooms, staff areas
- Back office and operations
- Professional staff – training, experience, etc.
- Policies, procedures, health insurance, office hours/scheduling

# Evaluate your practice

Area of focus	None – would like to address	Assessment and Planning	Implementation	Studying/Doing well
(ex. Front desk)				
(ex. Staff education)				
(ex. Physical space)				
(ex. Policies and procedures)				

**S = safety, T = trust/transparent, P = peer support, C = collaboration, E = empowerment, I = intersecting social issues**

# Myths about TIC

- 1. Trauma informed care is a specific intervention or technique.
- 2. Trauma informed care is only for social services or mental health.
- 3. Trauma informed care offers an excuse for people's behavior challenges.
- 4. Trauma informed care is exhausting and time consuming.
- 5. Only people with PTSD will benefit from TIC.
- 6. Trauma informed care is about probing into people's lives, so they share their specific traumas.





*“Systemic change is not a one-time event, but an ongoing commitment to continuous improvement.”*



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# Question & Answers

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# SAMSHA's concept of Trauma and Guidance for a Trauma-Informed Approach

