

# Respiración del Abdomen Suave

- 1 Respire profundamente y permita que sus ojos se cierren o suavice su mirada enfrente de usted. Respire profundamente, inhale por la nariz y exhale por la boca.
- 2 Imagine que su abdomen esta suave. Se puede decir a si mismo "abdomen" mientras inhala y "suave" mientras exhala.
- 3 Si surgen pensamientos, déjelos venir y déjelos ir. Devuelva sus pensamientos a su respiración y mantenga el abdomen suave. No importa con qué frecuencia divague su mente, regrese su pensamiento suavemente cada vez que respire. Deje que entre en su cuerpo y salga.
- 4 Respire profundo, estírese y abra sus ojos suavemente.

**Practica en el hogar:** Haga esto 2-3 veces al día- no justo después de las comidas, ya que puede quedarse dormido, y a la hora de acostarse, si tiene problemas para dormir. Practique este ejercicio durante 5-10 minutos a la vez, agregando un minuto cada día. Use un reloj con timbre; excepto a la hora de acostarse, para no preocuparse por cuánto tiempo lo ha estado haciendo. Pronto descubrirá que en momentos de estrés puede respirar profundamente y decir "abdomen ... suave", y la relajación vendrá naturalmente.



# Soft-Belly Breathing

- 1 Take a deep breath and allow your eyes to close or soften your gaze in front of you. Breathe deeply, in through the nose and out through the mouth.
- 2 Imagine your belly is soft. You can say to yourself “soft” as you breathe in and “belly” as you breathe out.
- 3 If thoughts come, let them come and let them go, and return your awareness to your breath and soft belly breathing. No matter how often your mind wanders, gently bring it back each time to the breath--the breath coming into the body and the breath leaving your body.
- 4 Take a deep breath, stretch, and open your eyes...

**Home Practice:** Do this 2-3 times a day – not right after meals as you may fall asleep, and at bedtime, if you’re having troublesleeping. Practice this approach for 5-10 minutes at a time, adding another minute each day. Use a timer (except at bedtime) so you aren’t preoccupied with how long you’ve been doing it. Soon, you’ll find that in times of stress you can take a few deep breaths and say “soft... belly,” and relaxation will come naturally.

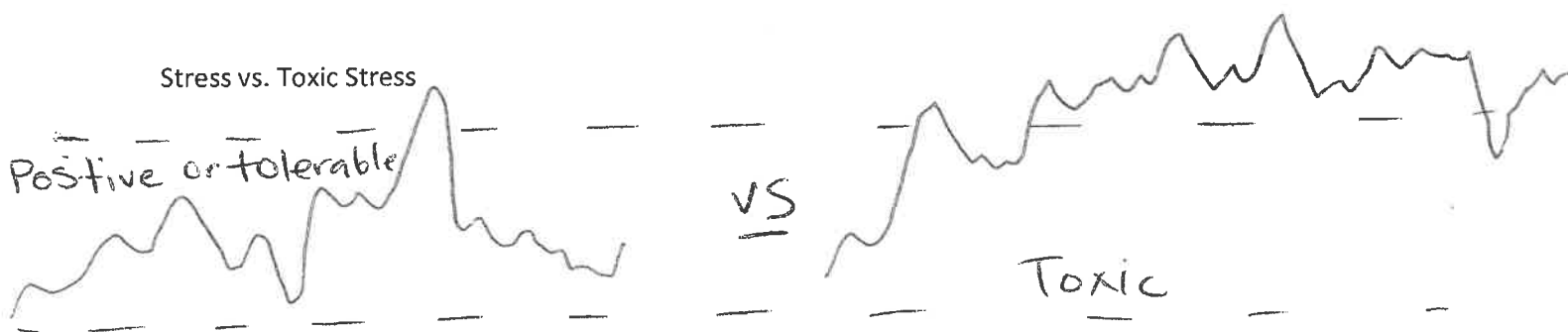
## Trauma Informed Care:

### Child Therapy and Infant Mental Health Services

Introduction: JulieAnn Steinberger, LCSW, LM; UC Davis- Napa Infant Parent Mental Health Fellowship

### Core Components Trauma Informed Care:

- 1) Safety...keep neurobiological functioning in mind!
- 2) Trustworthiness/ Transparency
- 3) Choice
- 4) Collaboration
- 5) Empowerment



Resilience is not created by the absence of stress, but the level/prevalence of stress, and response

### Tenants of Infant Mental Health

- Early life is significantly important; Profound Effect of early experiences (prenatal to 5 years old) on a person's wellbeing over their lifespan (Brain structure, ACES, Epigenetics etc)
- Trusted caregiver helps provide child with sense of self, and sense of others, throughout life
- Support child/adult relationship; adult functioning and healing
- Development will continue, faster than adults may change
- Multidisciplinary; Silos do not provide for whole-person/system care or healing



# Conéctese a recursos útiles



## Grupo de Recursos Comunitarios

*Las reuniones son gratis, para todas las personas que deseen participar, ¡aunque no tengan cita, les daremos la bienvenida!*

### ¿Qué incluye?

El grupo de recursos es una oportunidad para reunirse con personas que tienen conocimiento sobre los recursos disponibles en la comunidad. Siéntase libre de traer sus preguntas, experiencias y/o problemas de acceso a servicios. Reciba información, orientación y asistencia.

Estamos aquí para ayudar con:

- Medi-Cal/y otras Aseguranzas Medicas
- Citas Médicas
- Aplicaciones para servicios
- Referencias de Vivienda y Refugios
- Referencia de empleo/educación

**Dirigido por:** Sonia Villalobos, Access Navigator  
Olivia Ortiz, Outreach Coordinator

### Programado:

Los Miercoles  
1:30pm - 3:30pm  
Por favor regístrese antes de la 1pm.

### Ubicación:

SRCH Brookwood Campus  
983 Sonoma Avenue  
Santa Rosa, CA

### Contacto:

Llame o envíe un mensaje de texto a Olivia Ortiz al 707-890-1257 o deje un mensaje al 707-547-2220 x 3401.



**Todos nosotros.  
Para todos ustedes.**



# Get Connected to Helpful Resources



## Community Resource Group

*Meetings are free and open to all and walk-ins are welcome!*

### What's Involved?

The Resource Group is an opportunity to meet with knowledgeable people regarding resources available in the community. Feel free to bring your questions, experiences and/or issues accessing services and receive insight, guidance and assistance.

We're here to help with:

- Medi-Cal/Insurance
- Medical Appointments
- Applications For Services
- Housing/Shelter Referrals
- Employment/Education referrals

**Led by:** Sonia Villalobos, Access Navigator  
Olivia Ortiz, Outreach Coordinator

### Schedule:

Wednesdays  
1:30pm - 3:30pm  
Please check in by 1:00pm.

### Location:

SRCH Brookwood Campus  
983 Sonoma Avenue  
Santa Rosa, CA

### Contact:

Call or text Olivia Ortiz at  
707-890-1257 or leave a message  
at 707-547-2220 x 3401.



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# Healthy Eating Can Lead to Healthy Living



## Food as Medicine

*Over 6 weekly visits we will explore food and our diets as they relate to your individual health issues as well as a general guide to preventing and reversing chronic disease.*

### Questions We'll Address:

- What should I eat for better health?
- Can food treat my digestive issues?
- What foods are unhealthy and should be avoided?
- Are there foods that help me lose weight?
- What are the best sources of healthy but inexpensive foods?
- I don't cook, can this course be helpful for someone like me?

If you suffer from digestive problems, diabetes, arthritis, heart disease, autoimmune or other chronic illness, or want to eat right to prevent yourself from developing one you can benefit from this group medical visit.

### Schedule:

Monday evenings, 6:00 - 8:00 pm  
November 11 - December 16, 2019

Dutton Campus  
1300 Dutton Avenue

### Led By:

Gerry Camarata, MD

### How to Join:

Ask your care team for a referral to group visit. Call Laura Martinez at 707-303-3600 ext 3725 with any questions.



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# Terapias Curativas



Estamos muy emocionados de ofrecer una variedad de terapias curativas para ayudar con su salud y bienestar en el Campus Dutton. Debido a que la demanda por estos servicios es alta, puede ser que tenga que esperar algún tiempo, podría ser de algunas semanas hasta meses. Si desea, puede escoger una terapia a la vez. Para participar en cualquiera de estas terapias, pídale a su equipo de atención médica para que le hagan una referencia y para que firme el formulario de Acuerdo para Recibir Terapias Curativas. ¡Esperamos poder atenderle!

## Acupuntura

*Ryan Duval, Gidon Levenbach, Lucy Kotter, Carmen Pomares, Whitney Swett*

La Acupuntura ha existido por miles de años y se ha comprobado que es efectiva para aliviar muchas condiciones diferentes. Han hecho estudios extensos sobre los beneficios de la acupuntura para la fibromialgia, artritis, depresión, ansiedad, dolor en la parte baja de la espalda, dolor de cuello, insomnio, fatiga, migrañas ¡y mucho más! Cuando reciba los tratamientos de acupuntura, van a ponerle unas agujas muy finas en diferentes partes del cuerpo; la idea principal es que las agujas reajustan su balance de energía. Son muy pocas las posibilidades de tener efectos secundarios con la acupuntura.

## Masaje

*Deborah Leoni, Robert Labensart, Frankie Fu*

El masaje es bastante beneficioso para los problemas muscular esqueléticos, para el dolor y para reducir el estrés. En nuestra clínica puede recibir masajes de 20 a 30 minutos con la ropa puesta. Nuestros terapeutas masajistas tienen bastante experiencia usando una variedad de técnicas de masaje que incluyen el masaje profundo de los tejidos, masaje sueco o estilo suizo, terapia de los puntos reactivos, tui-na, craneosacral, shiatsu, acupresión y reflexología, dependiendo de sus necesidades y preferencias.

## Quiropráctico

*Lynne Spillinger*

El cuidado quiropráctico es una forma práctica de curar en el cual usan técnicas de manipulación de las articulaciones y tejidos para optimizar la alineación del cuerpo. El objetivo es aliviar el dolor, mejorar la función, restaurar el movimiento y ayudar con la habilidad natural del cuerpo para sanarse. Es efectivo en el tratamiento de golpes/dolor de la espina dorsal y de las extremidades, dolor de mandíbula (quijada), dolores de cabeza, escoliosis, problemas de postura, síndrome del túnel carpiano y más. Puede ser beneficioso para pacientes de todas las edades, empezando a las 6 semanas del nacimiento.

## Osteopatía Craneal

*Anne French, MD*

Así como los pulmones respiran y el corazón late, el sistema nervioso central también tiene su propio movimiento rítmico. Hay movimiento en el líquido cefalorraquídeo alrededor del cerebro y las células cerebrales requieren de esta circulación para que puedan recibir sustento y oxígeno. Las/los osteópatas reciben entrenamiento especial y utilizan un toque muy delicado para trabajar con los huesos del cráneo, la cara, los líquidos y el cerebro como vías de acceso al organismo para poder darle tratamiento a la persona en su totalidad. Ayuda con las alteraciones del organismo y también para mejorar la salud.

Muchas de las citas están disponibles en la noche.

**Dutton Campus • 1300 N. Dutton Avenue • 707-396-5151 • [srhealth.org](http://srhealth.org)**



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# Take a Healing Journey

## Complementary and Alternative Medicine



## Welcome

Congratulations on making the decision to embark on your healing journey by allowing our Complementary and Alternative Medicine (CAM) program into your life! Your PCP will work with you on deciding which modalities may work best with your medical conditions. Most of the appointments are at night. We look forward to working with you!

### Acupuncture

Acupuncture has been around for several thousand years and has been proven to alleviate suffering for millions. There are extensive research on the benefits of acupuncture for medical problems such as fibromyalgia, arthritis, anxiety, low back pain, insomnia, fatigue, migraines, and much more! Expect to have very thin needles placed throughout your body; the whole idea is that the needles help readjust your energetic balance. People always wonder whether or not the needles hurt—they should not! Sometimes you will experience a dull, achy feeling; this is normal and, in fact, is a good sign that it is working. There are very few potential side effects to acupuncture.

### Chiropractic

Chiropractic is a comprehensive system that emphasizes the importance of structural alignment of the spine. Adjustments involve the manipulation of the spine and joints to re-establish and maintain normal musculoskeletal and nervous system functioning.

### Naturopathy

Naturopathy is a form of medicine that focuses on the healing power of nature. It utilizes treatments that enhance an individual's innate healing abilities. Treatments may include one of many modalities—clinical nutrition, botanical medicine (herbs and supplements), therapeutic diets, stress management, and more.

Expect to have a consultative session, not too different from ones with your PCP. The naturopath will offer you fantastic recommendations on holistic treatments that you can try to enrich your health!

### Massage

Massage is a familiar modality that includes many different styles (deep tissue, Swedish, etc). It utilizes strokes and pressure on the body to relieve tension, increase circulation and improve muscular pain. Massage can provide comfort and increased body awareness, and can be an excellent method of releasing emotional as well as bodily tension.

**SRCH's Wellness Center is located in our beautiful new Dutton Campus.**  
*Many of the appointments are available at night.*

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# Be Healthy in Mind & Body



## Mind-Body Medicine for Teens

### What's Involved?

- Learn about the mind-body connection.
- Learn simple techniques to manage stress, anxiety and depression.
- Find connection with other youth who want to learn how to be healthy in mind and body.

Food is served at each visit.

Confidentiality and respect given to each participant.

Open to all high school students.

### Led By:

Patricia Kulawiak, MD & Mike Valdovinos, PsyD

### Schedule/Location:

January 6 - February 2, 2020  
Mondays, XX pm - XX pm  
8-week-session with option to re-enroll if desired.

Dutton Campus  
1300 North Dutton Avenue

### How to Join:

To enroll, send TE to Patricia Kulawiak



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# Integrative Restoration iRest® Yoga Nidra



*Evidence-based transformative practice that leads to psychological, physical, and spiritual healing and well-being*

## What's Involved?

iRest practice is integrative as it heals the various unresolved issues and traumas that are present in your body and mind, and restorative as it enables you to recognize your innate peace of mind that is always present amidst all changing circumstances of life.

iRest provides you with tools to help you relax deeply, release stress, increase resiliency, improve your interpersonal relationships and provide you with greater mastery and control in your life.

iRest nourishes noble qualities such as joy, peacefulness, empathy, forgiveness, patience and lovingkindness toward yourself and others.

## Schedule:

Tuesdays, 4:00 pm - 5:15 pm

Dutton Campus  
1300 N. Dutton Avenue

## Led By:

Maryellen Curran, Ph.D.

## How to Join:

Ask your care team to schedule or call Laura Martinez at 707-396-5151 ext 3725.



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# Les preguntamos a todos.



Por favor, no se sorprenda cuando le preguntamos a usted acerca de problemas o traumas en su familia.

**Parte de darle buena atención es entender los eventos de su vida.**

Recuerde que el trauma toma muchas formas, no sólo los accidentes o fracturas de huesos.



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# We ask everyone.



Please don't be surprised when we ask you about problems or trauma in your family.

**Understanding your life events  
is a part of giving you good care.**

Remember that trauma takes many forms -- not just accidents or broken bones.



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# Mindfulness & Qigong for Employee Wellness



**Learn techniques to reduce stress, improve resilience,  
prevent burn-out and enhance quality of patient care**

*An ongoing, drop-in class 2x per month -- For staff of our SRCH community*

## **What's Involved?**

Wisdom Healing Qigong (chee-gung) is an ancient system of gentle movement, sound, visualization and meditation that increases the mind-body connection and the capacity for self-awareness and presence, bringing self-compassion, deep relaxation, and renewed vitality and joy.

## **Led By:**

Ilka de Gast, PsyD  
Psychologist & Wisdom Healing Qigong Instructor Level 2

With guest presenter - Edmee Danan, MD  
Psychiatrist & Meditation Practice Leader

## **Schedule:**

2nd & 4th Thursday of month  
Starting on February 28, 2019  
6:30 – 7:30 pm

Dutton Campus  
1300 N. Dutton Ave,  
Santa Rosa, CA

## **RSVP:**

Contact Ilka de Gast, PsyD  
[ilkad@srhealth.org](mailto:ilkad@srhealth.org)  
707-303-3600 ext \*3692



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Get the support you need  
through your teen years



## Coping Skills Group

### This Group Will Teach:

- New ways to cope with stress
- How to deal with overwhelming or uncomfortable feelings
- Better communication skills and how to strengthen relationships
- Recognize strengths and increase self-confidence and hope

Snacks will be provided.

### Schedule:

- **Starting:** October 9th, 2019 at 11:30 am
- **When:** Wednesdays, alternating times for 6 weeks
- **Where:** Elsie Allen Health Center
- **With:** Casandra Camacho, PhD

### How to Join:

Call us at **707-583-8777** or just drop in the Elsie Allen Health Center for more information.



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**TABLE 4.** How to jump start your efforts around trauma-informed integrated care

1. Design and test a family feedback survey
2. Create a calming environment in the waiting room
3. Hold a focus group with staff on how to promote staff wellness
4. Provide "Mental Health First Aid" for all staff
5. Carve out time for morning huddles
6. Ask patients a few trigger questions and assess interest to engage in next steps (e.g., New Mexico's three questions, Table 2)
7. Provide resources (handouts or sessions) on parenting and emotion regulation for parents and kids
8. Collaborate with mental health providers by sharing scheduling information, coordinating communication systems, and referral tracking

opening for families to disclose related issues. It is also important to remember that the positive/negative cut-points in "validated" tools may not be applicable to the population for which you are caring. The conversations between clinicians and families that emerge from the use of the screener are even more important than the positive/negative results of the screening tool itself.

## Goal 6: Addressing Trauma-Related Health and Mental Issues

Many children suffer from trauma-related problems that go untreated, which can affect both physical and emotional development. PCCs who identify trauma-related concerns should be well prepared to respond. There is a continuum of interventions: some occur in the office visit; others follow a visit and occur offsite, either in specialty care or in the community. PCCs can build upon their relationships with families and on the trust families have in the clinicians. Addressing trauma-related health and mental health issues does not always require psychotherapy or referral. Often times, the thoughtful, sensitive, and intentional interactions between PCCs and family are the interventions that the family needs most and finds most helpful.

Whether the trauma is discovered during the pediatric visit or through the use of a screening tool, the response by the PCCs should include all of the following elements:

- *Help parents make a plan for needed care or monitoring:* Families who have experienced trauma often experience loss of control over key aspects of their lives. Take time to talk with families within the primary care visit about their various options for care. Restoring a sense of support and control may be the most powerful

treatment that can be provided; the goal is for families to feel respected and to regain confidence in their ability to take charge of their lives. Some families will not feel ready for treatment—either psychologically or logistically. With these families, it is important to convey support and offer to help when they are ready.

- *Help parents stabilize their children's routines:* For young children, parents or primary caregivers can minimize the impact of trauma as well as help children recover more quickly. Two factors that promote resiliency (or effective coping) include ensuring basic needs are met (food, housing, and security) and restoring predictability to child's life. Help parents restore predictability by providing information during the primary care visit that helps the child make sense of what is happening. Encourage parents to resume regular sleeping and eating schedules. If the child is older, help the child name their feelings and provide guidance on how to manage them.
- *Explain referral process to patients:* When a referral to specialty care is needed, PCCs need to explain how the sharing of information will contribute to their family's care and address any barriers, especially those based on possible cultural concerns.<sup>19</sup> Warm handoffs between PCCs and the specialty care provider are ideal to establish initial face-to-face contact and confer the trust/rapport from PCC to mental health specialist. PCCs who are familiar with promising trauma interventions (Table 1) can better prepare families for what to expect, even if a warm handoff is not possible. In addition, primary care offices and clinics can provide patients with contact information for specialty services, details of the services available, relevant financial or insurance information, and logistical information (where they are located, hours of availability, etc.).

TABLE 3. Overview of common trauma-related screeners

Screener	Source(s)	Domains, age, and target population	Pros	Cons
ACES checklist (various versions derived from original adverse childhood events study)	<a href="http://acestudy.org">acestudy.org</a> and <a href="http://www.cdc.gov/nccdphp/ace">www.cdc.gov/nccdphp/ace</a> for original version; adaptations from Center for Youth Wellness ( <a href="http://centerforyouthwellness.org">centerforyouthwellness.org</a> ) and others	Parent's childhood maltreatment and family dysfunction Adaptions to refer to children/youth up to 18 Different versions cover trauma/stress within and outside family including abuse, discrimination, medical trauma, food and housing insecurity	Asks about parent's childhood exposure to trauma Covers wide variety of stresses (depending on version)	Sensitive items. Some families wary of answering. Some versions involve disclosing actual traumas versus count of domains experienced Does not ask about parent's current exposure and does not ask about strengths As yet no data/consensus on scoring or optimal clinical use
Protective factors survey	National Center for Community-Based Child Abuse Prevention <a href="http://www.friendsnrc.org">www.friendsnrc.org</a> . <a href="http://protective-factors-survey">protective-factors-survey</a>	Based on protective factors framework ( <a href="https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/">https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/</a> ; <a href="http://www.cssp.org/reform/strengthening-families">www.cssp.org/reform/strengthening-families</a> (parental resilience, social connections, concrete support, parenting/developmental knowledge, child social and emotional competence)	Questions phrased to cover both strengths and risks Used in agency evaluation Sensitive to change; considered evidence-based instrument	Few questions specifically tap child development Does not explicitly ask about most current or past traumas/stresses
SEEK (safe environment for every kid)	<a href="http://theinstitute.umaryland.edu/seek/">http://theinstitute.umaryland.edu/seek/</a>	Parents asked about household risk of poison, fire, smoking exposure, lack of food Possible physical abuse	Efficient	Does not cover development.
SWYC (survey of well-being of young children)	<a href="http://www.theswyc.org">www.theswyc.org</a>	Parent depression, stress, substance use, parenting difficulties Domestic violence Developmental milestones: gross motor, fine motor, language and communication	Screener is part of suggested implementation program for which training and support available including parent handouts, clinician decision algorithms, possible links to EMRs, QI and MOC programs Impact of program tested in RCTs	Smaller range of stresses, child traumatic exposures covered compared to ACES Relatively more time to administer (author estimate 15 min) and score (sections of form have their own scoring guides), but meets other screening needs simultaneously so overall may contribute to efficiency Does not ask about the parent's own childhood

which information can flow safely and efficiently, so that services are most likely to meet patients' needs and preferences.

- *Identify local mental health providers:* To provide coordinated care, PCCs need to identify mental health specialists in the community with whom they can partner to best meet the different needs of their patients and their families.<sup>19</sup> Organize a community meet-and-greet between PCCs, mental health professionals, and community agencies to discuss potential collaboration opportunities and share contact information. From the beginning, think about collaboration and partnership rather than one-way "referral."
- *Coordinate communication systems:* Once partners are identified, PCCs and mental health partners need to develop communication systems that promote co-management and shared decision-making.<sup>20</sup> Invite mental health partners to a practice meeting where you can discuss referral/consultation processes, communication/feedback expectations, and other opportunities for partnership. It is important to create mechanisms to transfer information in both directions at the initiation of care, periodically during care, and when care ends (e.g., meetings, telephone calls, shared EMR, or warm handoffs).
- *Integrate a mental health partner into the primary care practice:* As a practice works to be trauma-informed, having on-site integrated mental health can take service to a next level. When a mental health partner is a member of the team, he/she has real-time availability to assist with primary prevention, deliver brief interventions, and follow-up. The mental health partner can provide: mental health screening during routine visits, immediate response to positive screens, brief interventions, short-term therapy, and referrals/communication with external mental health providers.

## Goal 4: Preventing Trauma and Promoting Resilience

Primary care and mental health providers hope to prevent families from being exposed to trauma, but some traumas are inevitable. Building on families'

strengths may help avoid the negative impacts of unpreventable trauma.<sup>23</sup> While we often treat children and parents individually, it is also important to consider the family unit. In multiple ways, the strengths and challenges of one family member can be transmitted to others, especially when considering the connection between positive caregiving relationships and healthy social-emotional development in young children.<sup>24</sup>

Current guidelines suggest the assessment of strengths as well as possible vulnerabilities.<sup>25</sup> Strengths can be personal (a supportive family able to mobilize emotional and concrete resources to meet unexpected needs; successes in school or at work that buffer losses in other areas of life) or structural (secure and safe housing, access to support from government or community agencies). Vulnerabilities may include facing concurrent adversities (chronic illness, family tensions, and lack of economic resources).

Two ways to think about prevention include (1) helping families avoid exposure to stress and trauma and (2) helping families build resources so that if they encounter stress and trauma in the future they will feel less of an impact, and more quickly return to feeling well and secure. The medical and mental health systems are not the only resources families have to achieve these goals, but there is good evidence that they can play important roles. This section focuses on interventions that are universal—meant to be of help to all families that a clinician encounters—and promote strengths and a willingness to seek help in future times of need.

- *Routinely assess families' assets and risks:* Use a screener or have a brief discussion with all families about exposure to stressors and strengths, including screening for maternal depression at infant well-visits and routine adolescent depression screening, as recommended by Bright Futures.<sup>26</sup> Asking patients and families about their overall well-being opens up the dialogue to discuss possible stressors. Talking about potential stressors/assets at every visit normalizes the discussion of socio-emotional trauma and recognizes that family situations can change as children develop. When talking about assets and risks it is important to engage in ways that demonstrate respect for families' different life experiences,



must meet patients' and families' needs in ways that they find welcoming and supportive.<sup>16</sup> Many clinics and agencies already actively partner with families on a case-by-case basis, and some have family members on advisory boards or offer employment to family members as peer advocates or community health workers. Involving families in the planning, execution, and evaluation of programs helps ensure that services are responsive to family needs, culturally sensitive, appealing, and thus promoting of long-term engagement in care and better outcomes.<sup>17,18</sup> Having more than one family member within these groups can help them feel more comfortable and embolden them to speak as freely as possible.

Patient and family members' opinions are also powerful forces for system changes—their involvement can legitimize key choices in program design and help prioritize the changes the program seeks to make. As advocates, families are essential for the sustainability of improved systems. In turn, family members can benefit from their involvement with the clinic by gaining new skills, which can open doors for them in the community and make them valuable potential staff members of the clinic.

Several structural components should be in place to foster and sustain successful family involvement in organizations. Institutionalizing systems and policies to support family involvement ensures readiness, implementation, fidelity, and sustainability.

- *Create a vision of family involvement:* Family members can play a multitude of roles in the clinic. They can: assist with staff training, engage as team members for a specific project, participate as board member, or advocate for programs with funders/policy makers. Create a clear role for the family member(s) that makes the most sense given your goals and unique environment and develop documents and processes to support family involvement.<sup>19</sup>
- *Recruit and orient staff and family advocates:* Recruitment can take many forms—from something as simple as posting flyers to having staff actively identify and recruit family members. Another structural piece that can facilitate family involvement is an orientation for staff and family members on the role of the family advocate and the value of the family voice, perspective, and

expertise. Often times, staff members need as much orientation as family members do about these less-traditional roles in the office.

- *Support family advocates:* Being a family advocate can be a huge commitment; the role is often something taken on in addition to a heavy burden of family caregiving. Empowered family advocates can be impassioned members of your team and they often report satisfaction and personal growth with the role. Supporting family members includes holding meetings at times that are convenient for families, continually checking-in, and ensuring that families' input is heard with verbal acknowledgment and documentation in meeting notes.
- *Sustain family involvement:* To ensure sustained family involvement, it is important to identify and recruit potential family advocates on an ongoing basis and provide opportunities for multiple families to be involved at the same time. Provide ongoing support, opportunities to learn, and cultivate leadership skills.<sup>6</sup>

### Goal 3: Enhancing Mental/Behavioral Health Services in Primary Care Offices and Clinics

Collaboration and coordination between community mental health services, specialty mental health care, and primary care is essential to help families experiencing trauma and stress.<sup>20,21</sup> As the child's most regular point of contact, PCCs have a unique role in serving as coordinators of children's overall care within and outside of primary care settings.<sup>19</sup> PCCs have the capacity to screen children for trauma related issues and, as necessary, identify the best source of care for the child, introduce the family to the specialist, manage overall treatment, and monitor progress over time. Evidence suggests that a necessary, sometimes sufficient, ingredient to providing integrated care is the ability of PCCs to form personal, trusting relationships with the specialists and organizations with whom they collaborate.<sup>22</sup> Positive collegial relationships between the primary care and the mental health provider have the potential of improving confidence in the mental health service plan and promoting engagement in treatment necessary for positive outcomes. The relationships among clinicians also create pathways across

(NCTSN). NCTSN and PICC are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), a US federal agency that is part of the Department of Health and Human Services. PICC draws inspiration and content from the participants in its initial Breakthrough Series (2013–2014) and Learning Collaboratives (2014–2016).

The lessons learned from PICC are compiled in a Toolkit with information, examples, and practical resources to develop, implement, and practice trauma-informed integrated care. The Toolkit outlines six inter-related goals that participants felt were essential for achieving effective integration. The complete Toolkit is freely available at <http://web.jhu.edu/pedmentalhealth/PICC%20Toolkit.pdf>. This article provides an overview of the six goals to support thinking about new integration efforts or to review existing efforts. The full toolkit includes more detailed background, key resources, and suggested small tests of change to guide tailoring integration efforts to a particular site.

## Goal 1: Developing a Trauma-Informed Office Environment

A trauma-informed office is one in which the prevalence of trauma is acknowledged and the goals of promoting patient recovery and resilience are embedded in all aspects of the practice. The environment—both physical and human—fosters patient comfort and trust, promotes the health and effectiveness of staff, and facilitates improved staff–staff and staff–family communication. A more supportive environment will improve patient engagement, satisfaction, and ultimately clinical outcomes.

- *Train staff on the impact of trauma:* Before staff can respond appropriately to families and children who have been exposed to trauma, they must understand what exposure looks like and what impact the exposure might have. Staff that share a common language and understanding of child trauma are better able to ask families difficult questions and respond accordingly. Moreover, as staff members understand trauma and its impacts, they are able to respond better to one another as colleagues and supports.
- *Signal comfort in the waiting room:* The physical space and cultural tone of the waiting area communicate important messages about the

medical practice. Patients and their families feel more comfortable if the office has a calm welcoming atmosphere, demonstrating a respect for diversity and an interest in emotional health (e.g., posters focusing on the impact of stress on families or reading materials on parenting skills). Posters and materials should be available in languages that reflect the diversity of the patient population.

- *Engage families in shared decision-making:* An interpersonal environment that supports communication between staff and patients is always important. Respectful and non-judgmental communication encourages patients to trust their clinicians and disclose concerns. A staff that actively involves families in decision-making by taking the time to listen to patient needs, explain a diagnosis, and explore care options empowers the individual to collaborate and engage with a course of action.<sup>12–14</sup>
- *Provide protected time for staff communication:* While patient–clinician communication takes place during structured visits, communication between staff members is often limited and left to chance. It is important to carve out time for PCCs to speak with the rest of the team in order to best address the needs of patients. Some clinics have incorporated daily huddles into their morning routine to discuss the day's appointments and plan support for visits that may require extra resources.
- *Focus on staff well-being:* A trauma-informed office includes a focus on office staff. While caring for children and their families can be deeply satisfying, it can also lead to compassion fatigue, burnout and secondary traumatic stress. In order to support professional and emotional well-being, it is important to provide staff with a supportive physical environment (e.g., provide a place for staff to sit quietly or gather supportively). Facilitated discussion groups or support groups can also be a powerful way to prevent burnout. Some clinics have implemented rounds for staff from all disciplines across the organization to reflect on the emotional aspects of their work.<sup>15</sup>

## Goal 2: Developing Family-Informed Practices, Services, and Support/Resources

Patients and their families are a clinic or agency's primary stakeholders. For a clinic to be successful, it

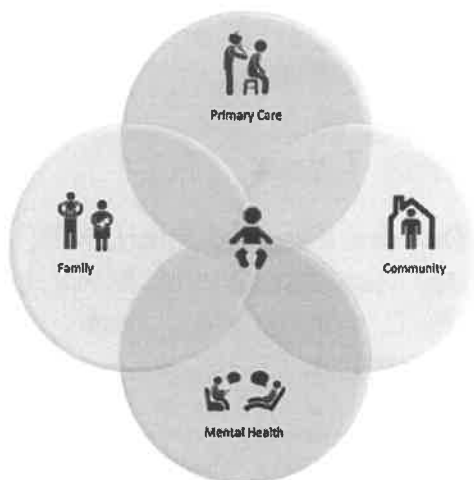


FIG. Trauma-informed integrated care.

vulnerability), and factors in the family and community.<sup>2</sup> Exposures to trauma are distinct from experiences, and should be assessed and addressed separately.

*Child traumatic stress* happens when a child is exposed to trauma and develops persistent reactions that affect the way he/she functions on a day-to-day basis.<sup>3</sup> Traumatic stress can make it difficult for a child to succeed at school or interact with others. It can plant the seeds of physical and mental health problems that children may face for decades. Child traumatic stress can have long lasting impacts on neurological and social development, including emotional and behavior regulation, relationship formation and trust, and maintaining attention while trying to learn new skills and knowledge.<sup>4,5</sup> Physiological disruptions can last into adulthood and there is growing evidence that childhood trauma exposure is linked to a greater risk of a variety of chronic diseases.<sup>4</sup>

The fact that people react differently to trauma suggests that there might be ways to help those who experience traumatic events to feel less impact or recover more quickly. *Resilience* refers to the ability to buffer the impact of stress as it happens and recover from the impact more quickly and completely. For young children, resilience is built through fostering the child's social and emotional competence, supportive parenting/caregiving, and creating a safe environment.<sup>6,7</sup>

The body of research around trauma and resilience suggests an opportunity to mitigate the effects of trauma, if trauma exposure is identified and addressed. However, many children (perhaps the majority) affected by trauma do not receive appropriate services.

Some even receive inappropriate care when their symptoms are presumed related to other causes. As with care for other mental health and child development concerns, there are low rates of recognition, inadequate supplies of specialized treatment facilities, and navigational challenges for families connecting with specialized care.<sup>8,9</sup>

Primary medical care services offer an opportunity to expand access to trauma-related care. Nearly all families have some form of access to primary care, and primary care is well-suited to taking a holistic, non-stigmatizing approach to family concerns. However, primary care faces its own challenges in trying to serve families with young children who have been exposed to trauma. Primary care clinicians (PCCs) may not feel comfortable addressing psychosocial or developmental concerns. Many priorities compete for time in short visits, financing mechanisms do not support additional time in visits, and systems for referral or consultation do not exist or are difficult to access.<sup>10</sup>

## Trauma-Informed Integrated Care

*Trauma-informed integrated care* refers to services that unite primary care, mental health, families, and communities while also integrating knowledge of the impact of trauma on all aspects of care (Fig). Through collaboration, PCCs can expand their abilities to prevent, detect, and deliver first-line interventions for trauma and its consequences. Providing trauma-informed integrated care can improve clinics' ability to prevent or ameliorate long-term mental health problems, increasing the efficacy of health care services and optimizing health care costs.<sup>11</sup>

Over the last decade, momentum has grown for improving primary care through integration of mental and behavioral health services and access to community services. To promote these efforts, a variety of clinical models were developed (e.g., Medical Home and the Chronic Care Model). However, little work has focused specifically on strategies to integrate childhood trauma/chronic stress prevention, detection, and early intervention into pediatric primary care. To this end, the Pediatric Integrated Care Collaborative (PICC) works with PCCs, mental health professionals, and families to develop practical, sustainable strategies to achieve trauma-informed integrated care. PICC is part of the National Child Traumatic Stress Network



# Integrating Mental and Physical Health Services Using a Socio-Emotional Trauma Lens



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**This** article provides a synthesis of the lessons learned from the Pediatric Integrated Care Collaborative (PICC), a SAMHSA-funded project that is part of the National Child Traumatic Stress Network. The high prevalence of trauma exposure in childhood and shortage of mental health services has informed efforts to integrate mental and behavioral health services in pediatric primary care. This article outlines strategies to integrate care following the six goals of the PICC change framework: create a trauma/mental health informed office; involve families in program development;

collaborate and coordinate with mental health services; promote resilience and prevent mental health problems through a particular focus on trauma-related risks; assess trauma-related somatic and mental health issues; and address trauma-related somatic and mental health issues. We conclude with a summary of key strategies that any practice or practitioner could employ to begin or continue the process of integration.

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## Trauma as a Challenge in Primary Care

**D**uring childhood, many (if not most) children experience some type of traumatic experience—an event that threatens or harms their emotional or physical well-being. It is estimated that one in four children in the United States will experience a traumatic event before they are 4 years old.<sup>1</sup>

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Children and families are exposed to trauma in many ways. In today's society, with historically high levels of household debt and a decline in wages and benefits relative to the cost of living, many families are in precarious financial situations, with trauma related to providing basic needs for their families. Some families are unable to cope with a serious illness or job loss. Others live in settings exposed to community violence. Substance abuse, intimate partner violence, and parental mental health issues also pose risks for exposure to trauma. Additionally, for children and families of color or ethnic minorities, racism experienced in daily life, whether implicit or explicit, may increase stress and exposure to trauma.

Children respond to traumatic events in unique physiological and psychological ways. Depending on the child and his or her environment, some traumas are tolerable while others lead to long lasting physical and emotional effects. For many children, it does not take a major disaster to create levels of stress that impact health. For example, the daily effects of economic insecurity or discrimination on the basis of race, religion, gender, or sexuality may be as harmful as exposures to a serious one-time trauma. Traumatic events can be experienced as positive, tolerable, or chronic ("toxic") depending on the events, characteristics of the individual (e.g., resiliency and

# Entendiendo el Estrés y Ayudando a los Niños a Recuperarse



Después de un gran estrés como un incendio forestal, es normal que los niños tengan cambios en su conducta, emociones o un ajuste a reacciones. Estas respuestas pueden variar desde síntomas leves que mejoran por sí mismas hasta dificultades duraderas que pueden beneficiarse del apoyo adicional. Aquí hay una lista de síntomas comunes de estrés y sugerencias sobre cómo puede ayudar. Si cree que su hijo podría necesitar el apoyo de nuestros consejeros, por favor déjanos saber.

## Bebés y Niños Pequeños (0-3 años)

### Síntomas Comunes

- Miedo, llanto, sobresaltar a los sonidos y movimientos
- Dificultad para dormir, berrinches, dificultad durmiendo
- Cambios repentinos con rutina del baño (accidentes, rechazo)

### Como Ayudar

- Amor, afección calmante, proveer estructura y rutinas
- Canto, mecer, expresiones de amor y seguridad.
- Calmarse a sí mismo y hacer actividades de autocuidado
- Tiempo de juego, amor: mantas especiales, peluches, chupones

## Niños en Edad Preescolar y Escolar (4-10 años)

### Síntomas Comunes

- Temor por la seguridad presente y futura.
- Berrinches, tener los nervios de punta, dificultad para dormir o estar solo
- Hablar como bebé, orinarse en la cama o tener accidentes.
- Miedo a separarse de la familia o de ir a colegio

### Como Ayudar

- Garantice la seguridad de su hijo(a) y repita a menudo
- Exprese su amor y afecto de manera calmante.
- Calmarse a sí mismo
- Mantener rutinas y estructura de las comidas, las siestas y la hora de acostarse
- Evite las conversaciones de adultos sobre los incendios, las imágenes de televisión
- Apoye los esfuerzos de recuperación en la comunidad: agradeciendo a los bomberos, ayudando a los demás que necesitan de comida, ropa, refugio

## Niños Mayores de Edad Escolar y Adolescentes (11-18 años)

### Síntomas Comunes

- Duelo, pérdida, miedo, ira, cambios de humor.
- Irritabilidad, problemas para dormir, pesadillas, poniendo atención a los problemas, cambio de comportamiento
- Pérdida de apetito, uso de sustancias para afrontar la ansiedad (nicotina, alcohol, otros)

### Como Ayudar

- Calmarse a sí mismo
- Conversaciones abiertas sobre pérdidas, sentimientos y miedos.
- Mantener rutinas, asistir a la escuela y disciplina de tarea
- Garantice su seguridad y cuidado de su hijo(a).
- Participación en la recuperación de la comunidad: ayuda otros

# Understanding Stress and Helping Children Recover



After a big stress like a wildfire, it is normal for children to experience behavioral, emotional, or adjustment reactions. These responses can range from mild symptoms that get better on their own to long-lasting difficulties that may benefit from additional support. Here is a list of common symptoms of stress and suggestions on how to help. If you feel your child might need support from our counselors, please let us know.

## Infants and Toddlers (0-3 years-old)

### Common Symptoms

- Fear, crying, startling to sounds and movement
- Sleep challenges, tantrums, feeding challenges
- Toileting changes (accidents, refusal)

### How to Help

- Love, calming affection, provide structure and routines
- Singing, rocking, expressions of love and safety
- Calm Yourself and do Self Care
- Playtime, love - special blankets, stuffed animals, pacifiers

## Preschoolers and School Aged Children (4-10 years old)

### Common Symptoms

- Fear about present and future safety
- Tantrums, being on edge, difficulty sleeping or being alone
- Baby talk, bedwetting or accidents
- Fear of separating from family, of going to school

### How to Help

- Reassurance of Safety, repeat this often
- Expressions of love and affection in calming ways
- Calm Yourself
- Maintain routines and structures of mealtimes, nap times, bedtimes
- Avoid adult discussions of fire, tv images
- Support recovery efforts in community - thanking firefighters, helping others in need with food, clothing, shelter

## Older School Aged Children and Teens (11-18 years old)

### Common Symptoms

- Grief, loss, fearfulness, anger, mood swings
- Irritability, sleep issues, nightmares, paying attention issues, acting out behaviors
- Loss of appetite, use of substances to cope with anxiety (nicotine, alcohol, others)

### How to Help

- Calm Yourself
- Open discussion of losses, feelings, and fears
- Maintaining routines and school attendance, homework discipline
- Reassurances of safety and caring
- Participation in community recovery - helping others



