Connecting Paradigms

Positioning Best Practices for Improved Health Outcomes

Deborahs Borne, MD, MSW, Medical Director Transitions Care Coordination, San Francisco Department of Public Health
Matt Bennett, MBA, MA (Chief Innovations Officer, Goldspring Center)
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A Trauma Informed & Neurobiological Framework for Motivational Interviewing Implementation

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TRAUMA INFORMED CHANGE SUPPORT HAPPENS AT EVERY STAGE OF CARE
Goals of Care and treatment occur across the continuum

- Outreach
- Engage/Linkage
- Actively ‘In Care’
- Outcomes & Transitions
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Outreach to Engagement/Linkage

Connecting Paradigms
*Diagnosed to Linked*

**Trauma Informed**
- Post-traumatic St. trauma
- Present disabilities
- Small trauma
- Complex trauma

**Neurobiology**
- Involved process
- Neurochemical response (flight, fight, or freeze)
- Difficulty effectively engaging in therapeutic conversations

**Stages of Change: Pre-contemplation**
- Pre-contemplation

**Motivational Interviewing**
- Support and effective following
  - Open-ended question/statements
  - Affirmations
  - Reflections
  - Summaries
- Make increase as tangible as possible
- Share key off

**Outreach**

**Engage/Linkage**

**Actively ‘In Care’**

**Outcomes & Transitions**
Trauma Informed

Past trauma: Big T trauma

Present hardships: Small t trauma

Complex trauma
Neurobiology

Survival focused

Stress or traumatic response: flight, fight, or freeze

Difficulty effectively engaging in strategic conversations
Motivational Interviewing

Support and effective listening
- Open-ended questions/statements
- Affirmations
- Reflections
- Summaries

Make resources as tangible as possible: Warm hand off
Outreach to Engagement/Linkage

Connecting Paradigms
Diagnosed to Linked

Outreach
Engage/Linkage
Actively ‘In Care’
Outcomes & Transitions
Engage/Linkage to Actively "In Care'
Trauma Informed

Educating clients on their own neurobiology and trauma

Personal narrative work
  • Trauma
  • Homelessness

Therapeutic support - referrals
Neurobiology

Difficulties with memory, learning, and retention of knowledge

Impacts of rigid/chaotic reactions

DHT vs. Oxytocin
Stages of Change: All Over the Place!!

Stages of Change Model

- Pre-contemplation
- Stable behavior
- Action
- Preparation
- Contemplation
- Maintenance
- Relapse

Kern, 2005
Harm Reduction

Compassionate pragmatism

Harmful behaviors have always and will always happen

Doesn’t mean we condone or promote harmful behaviors
Low Threshold for Services

High threshold:
Expectations client can
not meet in current state

Low threshold:
Meet client where they are at
Work on range of issues
Opens services to a larger population

Client level of
neurological health
Motivational Interviewing

Engaged
- Hope
- Importance
- Goals
- Expectations

Disengaged
- Assessment
- Premature Focus
- Labeling
- Chatting
Connecting Paradigms Linked to Retained Harm Reduction

Neurobiology
- Physical neuroscience
- Mental health neuroscience
- Pharmacology

Engage/Outreach
- Actively 'In Care',
- Linkage & Transitions
- Early intervention

Support for Change
- Act on the future
- Skills for staff
- Support for clients
- Impact on systems
Trauma Informed

Support and resources

Mindfulness

Treatment

Determinants of Successful Client Outcomes

- Client Characteristics
- Relationship
- Hope
- Techniques

Arias, 2010; Murphy, 2008
Neurobiology

Brain and medication

Changing behaviors means changing the physical structure of the brain
Stages of Change: Action

Stages of Change Model

- Pre-contemplation
- Stable behavior

- Relapse
- Contemplation
- Maintenance
- Preparation
- Action

Kern, 2005
Motivational Interviewing

Determinants of Health Outcomes

- Genetic, 30%
- Social, 15%
- Health Care, 10%
- Environment, 5%
- Behavior, 40%

McGinnis, JM et al.
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