To: Maine State Legislature Public Hearing on LD 1135 04/06/2021

RE: URGENT NEED FOR Statewide Trauma Informed Services ACROSS ENTIRE Healthcare System, AND Criminal Justice System

My name is Jana McAuliffe. My testimony comes from being both consumer of multi Healthcare Services, as well as being Disabled Inactive LCSW, CCS since 2007 due to several complicated chronic health issues. My testimony will focus on underlined Sec. 3. 5 MRSA §20005, sub-§23 of LD 1135, regarding need for trauma informed training being REQUIRED by law in Substance Abuse services, YET I would go step further and insist upon this across ENTIRE HEALTHCARE system. You must understand that the most disabling symptom I have progressively experienced over last 20 years has been debilitating fatigue. Despite my being an activist in my previous life, I no longer could actively address continued concerns arising in the ongoing "Systemic "MIS-TREATMENT" I have experienced over and over again the last 20 years. When I use the term "Mis-treatment" it is used as meaning BOTH treated poorly with disrespect, AND not getting the medical treatment called for; and it is often connected to having MH/SA history and Doctors NOT being trained in "trauma informed" practices. Most recently occurring within confines of St. Mary's Hospital by my Primary Dr. Panozzo, her replacements, the Behavioral Health ER, D4 (SA TREATMENT) Psychiatrist Dr. Kelley, as well as multitude of other incidences here and elsewhere, AS WELL AS storied from my family and friends; because I had become so disabled by the fatigue. When I tried to have conversation with Dr. Panozzo about this, it did not go well. Once again, projected upon and re-traumatized by professional untrained in "trauma informed" practices, unable and clueless to how her own presentation towards patients can make all the difference between success or failure. I actually told Dr. Panozzo she needed to be trained in treating people with PTSD. She actually noted that in her note. This after when I tried to calmly express my concerns with her written false assessments / narratives in record, she got very defensive, thus I got more passionate, she got "scared" of me, wrote I "laughed at her", NOT that I laughed out loud when she expressed fear of me and whether she needed to have another person in room. I have NEVER touched anybody out of passion or PTSD triggers EVER, nor was I yelling. Not even close. I was getting more passionate from being shut down, dismissed, not listened too yes; not to mention projected upon by health professional who has not addressed her own issues nor had any training in "trauma informed" practice! Oh and BTW, my late father, Kenneth McAuliffe, was Clinical Director of St. Mary's Behavioral Health Services in some capacity for over 20 years. This mattered not when I experienced excessive mistreatment, opposite of trauma informed practices, by Behavioral Health ER Department and D4 unit is 2017. But again, that is a separate issue not the focus of this letter.

I am far from well, but because of the increased norepinephrine dumps I am experiencing as part of side effects of POTS, a condition caused by my Lyme Disease you will hear more about later, added to perhaps my continued recouping from chronic historical illnesses; I am now experiencing increased functioning in the energy department allowing me to finally address my concerns. One of my biggest concerns, NEVER addressed by "trauma informed" practices or Rights of Recipients, is the anger and disgust I continue to feel when reading the notes of Doctors written into record. They can be described as alternate realities and continued "false narratives" getting passed on as THE TRUTH. I have been triggered repeatedly and have pile of

what St Marys calls HIMS forms, where I can fill them out to add my version of reality. Thing is I am NOT WELL and that takes time and energy! It shouldn't be happening to begin with and process put in place where notes reviewed with patient prior to entering into permanent record. That would be example of "trauma informed" practice. My need to write and get the record changed is part of how I continue to heal my PTSD and use my voice when re-traumatized. Most would just walk away with head down, and are not the activist or come as far as I have. I see it as clear MALPRACTICE, yet because of the power dynamic, it never gets addressed. This is a problem NOT ONLY FOR ME. This is occurring everywhere in our dysfunctional health care system. This trauma uninformed malpractice is another form of INJUSTICE being protested about around our country today.

In my experience most Doctors can't tolerate patients advocating for themselves, questioning them, calling them out on any systemic dysfunction and immediately turn and project their inadequacies back onto the patient making it about them, misrepresenting the associated emotions / frustrations they encounter, leaving the patient being called "difficult" at best or "scary and inappropriate" in permanent records they write. It is how "MIS-TREATMENT" via misrepresentations and out and out inaccurate false narratives ends up written in the permanent records of patients and passed on as TRUTH. I am not exaggerating. Now I know this has lots to do with the bigger systemic issues. I know the system puts Docs in difficult positions with what they are allowed to address, as well as limiting the time and energy they have to focus on what real healthcare should look like. There are so many issues I could get into here, but will focus now on just correcting more "trauma informed" training across entire Healthcare System. It is NOT rocket science and could go long way to improving "mis" treatment of MH / SA recipients in those systems, as well as across healthcare.

Before dismissing me as some crazed patient with obvious mental health issues, let me give you a bit of info on who I am. I am a Licensed Clinical Social Worker, Certified Clinical Supervisor in Addiction Treatment, and was close to getting my second Masters in Ecopsychology before becoming fully disabled. Part of that second degree included a book to be written titled "Guilty of Innocence: Systemic "Mis-treatment" of Victims of Child Abuse and Neglect". It also got presented in part at conferences as "Healing a Wounded World". At the time it centered on issues related to "Trauma Informed" treatment within Addictions, Mental Health and Criminal Justice Systems, but overall HEALTHCARE was part of focus. So you see, I come to this with lifelong pursuit of addressing this problem in America. If I ever get back to finishing the book, St. Mary's and its Doctors would not be held in positive light; yet it is not too late to make positive changes. Additionally, I worked for over 5 years at Mercy Hospital Recovery Center, alongside DR. Stanley Evans, the Addiction Medicine legend who brought SA Treatment to Maine; and was Clinical Supervisor at Choice Skyward Outpatient Services, part of PenBay Medical Hospital and MaineHealth System, before becoming too disabled to continue. Thus, I am experienced as employee in Hospital MDT settings. When at Mercy Hospital, Department of Trauma Services hired our Team at Mercy to present "trauma informed" practices we were implementing at Mercy and how much more effective results had been getting! I think part of ongoing practice of EVERY Doctor needs to review notes with patients before publishing as part of permanent record! We actually put this into practice at Mercy Hospital Recovery Center when implementing "trauma informed" practices. We also had patient present for any case review attended by Multi Disciplinary Team members. We acknowledged how conversation would be

different behind those closed doors if patient not present. The inappropriate things that would not be said with patient needed to be addressed by Team within themselves and with patients. If not able, you should always ask yourself whether you would say anything you write directly to patient any time you are documenting narratives in permanent record. And if not, you know there is issue there.

My work as activist was within the "Trauma Initiative" born out of Maine's Department of Trauma Services that existed in the 90's. This is where term "Trauma Informed" treatment or services came from. I was on front lines of this movement and hired by State of Maine to be trainer involved with retraining professionals in healthcare and criminal justice systems statewide regarding "Trauma Informed Practices", including Doctors, Nurses, and Police Officers. Budget cuts and Politics dismantled this Department and the work we were involved with. It needs to be restarted, as it is obvious this would go long way in addressing many of the issues I have encountered within St. Mary's System. NOT ALL, but improved, as the rest can be addressed within this context. LD 1135 is just the start, and to me needs to include entire healthcare and criminal justice system.

PTSD can be described emotionally as over reaction in present due to issue triggering similar history of abuse. So, taking one misrepresentation in written record (just as example) alone, one could easily see my reaction as being over reaction. However, if you were to read my 20 year history of instances where misrepresentations were grossly understated and unaddressed, you would fully understand my need to correct this present narrative. Furthermore, if you understood one of the common experiences of individuals with PTSD is one of being not believed where narrative of abuse is misrepresented and constructed as truth by those in position of power over them, one could quickly understand how this misrepresentation in the record and the act of not believing the patient when they speak about their experience of the "illness" they are seeing you for, would be a HUGE trigger of the emotions of pain and anger. It literally is a trigger of PTSD symptoms. Doctors need significant training in trauma informed practices! They need to understand how the way they approach treatment of patients with PTSD has everything to do with the response they see during a visit. So, instead of seeing a crazed mental health patient over reacting, they will come to understand how it was their own behavior that triggered the PTSD symptoms they witness. Instead of being surprised, defensive, and taking it personal; they can understand how they themselves were equally responsible for the behavior they elicited. Doctor could then understand, given the patient's history, the reaction was actually appropriate. This is only one piece to puzzle. Trauma informed practices should be a mandatory yearly in-service training for all hospital employees.

Now that I have more energy, I have been inspired to address the more egregious "MIS-Treatment", what I believe to be malpractice, I experienced within St. Mary's Healthcare System starting in 2017. I will pursue this next. The WORST of it was IN the Behavioral Health ER and Addiction Treatment floor, soooo NOT trauma informed! I'll spare teachable details of abusive trauma misinformed "mis" treatment, as this would get VERY long. Yet it is important story given I actually was coming off prescribed opiates due to Maine Law changes, Doctors did it too fast, they didn't believe me when I said I was in significant withdrawal, I had not abused substance since 1992 at that time, I ended up hospitalized by their non belief, cut off completely from scripts, then MAJORLY "mis" treated / re-traumatized while in middle of Lyme Disease

Treatment, not well enough to use voice, so had to just survive. And that comes from somebody with my professional history and abilities, so no doubt is even worse across board with those very ill and unable to advocate for selves. Story goes on as far as where it went from there, with continued “mis” treatment insanity; yet I think you get point, even though the following several months of suffering was direct correlation to their “mis” treatment and lack of trauma informed training / practice and limiting laws In State of Maine around access process to Suboxone for those on Medicare! It left me, with not having abused substances since 1992 and a professional leader in the field, having to turn to Methadone Clinic, with no other option given me due to “mis” treatment, while near start of 2 year Lyme Disease Treatment. It crosses over into other healthcare systems as well, but St. Mary’s is the current and more recent. I plan to go public with this information, beyond the potential book I may or may not ever finish. Many of the issues have to do with Trauma and Addiction issues and Doctors ignorance on the issues. It also speaks to misjudgments made by Doctors and their inherent mistrust of patient’s knowledge about one’s own body, thinking they know better in most cases. This is why the focus of law can’t be ONLY on Substance Abuse systems, as individuals have to track through ER Systems and their Primary Doctors before and after these interventions! You know I could go on, but that is for the book and trainings needed. It’s important to know that I never had this experience with Dr. Kilby at Maine Virology Center, part of Maine Med; a few Doctors at Pen Bay Medical, part of Maine Med; with Women to Women in Yarmouth; or with Integrative Health Care Center of Maine. When in a system more capable of spending the time needed with individual patients, in systems with a paradigm shift towards addressing the challenges in traditional settings; there is a much better record. This also confirms that the issue of my being a “difficult” patient is NOT really about me; it is about the system and Doctor treating or “MIS-treating” me.

I want to end with sharing a TRAGIC story pertinent to LD 1135. It is the story of Suzie, my best friend’s other best friend in Mississippi. And just ONE of many, though this is the exact epitome of it all. Suzie had many health issues through life, yet never had addiction issues, but was prescribed opiates for pain connected to specific health issue. Months going into last summer 2020, she started passing out and having major stomach pain. Primary sent her to ER. 3 ER’s told her it was in her head, saw her opiate scripts and said she was med seeking. Literally. The Doctors even rallied family to have her committed to mental hospital, as laws different in Mississippi. She did have PTSD. Before she could get help it happened again; she was puking, in pain and returned to ER. SHE DIED IN 4th ER in MONTHS at end of last summer BEFORE THEY COULD RUSH HER INTO SURGERY BECAUSE SHE HAD TWISTED INTENSTINES THAT HAD DIED IN HER BODY!!!!!!!!!!!!! She was 48 years old! We got call at 3am. It devastated us. She had been texting about it for months, saying she was afraid her Ex husband and Son would have her committed. Hannah knew she had REAL health issue and was extremely concerned. As she too, other of our friends, all have experienced this kind of “mis” treatment. Her Ex husband and Son are now SOOOO DEVASTATED that they were starting to believe the Docs and not trusting his Ex wife, his Mother. They have so much guilt added to grief of losing Ex wife and Mom. This was all swept under rug and never written into record as egregious malpractice. Nobody who matters will ever know the REAL story. How many of these stories exist? The issue of opioid epidemic has made getting justified treatment so much harder on so many levels, especially if one ever had an opioid script on record! Yet, we are now entering another issue in need of addressing! Branded if MH diagnosis or SA history in one’s record! This was Mississippi, but I can assure you I have experienced and heard so many

stories from family, friends, and those I had as clients during my 12 year period as professional in MH / SA systems.

I encourage Legislators to broaden the legal insistence of “trauma informed” practices to ALL HEALTHCARE Systems, as well as Criminal Justice. I ALSO call for the return of Consumer Affairs position within DHHS, to lead the “trauma informed” training needed statewide. This was a promise made years ago never followed through on! AMHI Consent Degree NEVER should of been rescinded until this work was COMPLETE! Call me if you need a trainer!

Sincerely, Jana McAuliffe, LCSW, CCS (inactive) 121 Coffee Pond Rd Casco, Maine 207-312-2036