

Putting Trauma-Informed Care into Practice Series

Implementing Trauma-Informed Care into Organizational Culture and Practice

October 30 2017, 12:30-2:00 pm ET

For Audio Dial: **888-395-3240**

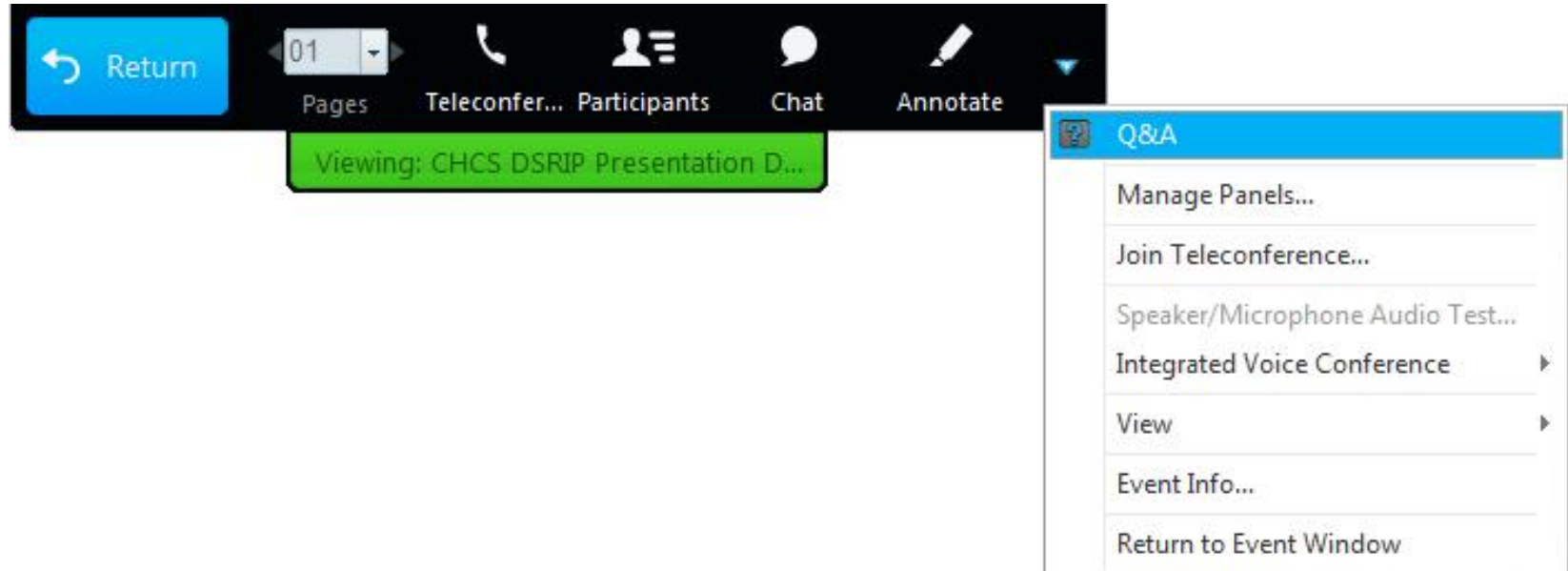
Passcode: **427216**

Made possible through support from the Robert Wood Johnson Foundation

Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



The logo consists of several overlapping, semi-transparent shapes in shades of blue and teal, arranged to suggest movement or a cluster of elements.

Advancing Trauma-Informed Care

- Multi-year initiative supported by the Robert Wood Johnson Foundation
- **Objective:** Understand and spread practical strategies for implementing trauma-informed approaches across the health care sector.
 - » **Two-year multi-site pilot demonstration** and learning collaborative with six leading health care organizations
 - » **National dissemination** of project lessons to spread emerging best practices
 - » **Implementation analysis** conducted by the Urban Institute

What is Trauma-Informed Care?

- Takes the **individual's experience** of trauma into account
- Instead of asking *"What's wrong with you?"* asks ***"What happened to you?"***
- Must occur at **clinical AND organizational** levels

Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.

-Sandra Bloom, MD,
creator of the Sanctuary Model

Key Ingredients of Trauma-Informed Care

ORGANIZATIONAL



1. Lead and communicate about the transformation process
2. Engage patients in organizational planning
3. Train clinical as well as non-clinical staff members
4. Create a safe environment
5. Prevent secondary traumatic stress in staff
6. Hire a trauma-informed workforce

CLINICAL



7. Involve patients in the treatment process
8. Screen for trauma
9. Train staff in trauma-specific treatment approaches
10. Engage referral sources and partner organizations

Today's Speakers and Agenda



Building a Trauma-Informed Organizational Culture

Ken Epstein, PhD, LCSW, Director of Child, Youth, and Family System of Care, San Francisco Department of Public Health

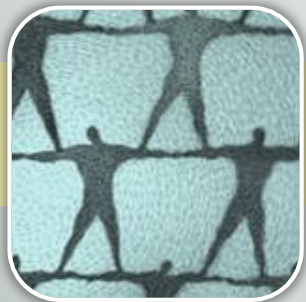


Implementing Trauma-Informed Care Across a Health System

Rahil Briggs, PsyD, Director of Pediatric Behavioral Health Services, Montefiore Medical Group

Trauma Informed Systems

A Model For Promoting A Healing Organization





Trauma Informed Systems principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures.”

- Epstein, K, Speziale, K, Gerber, & Loomis, B (2014): SF DPH TIS (Trauma-Informed Systems Initiative

Connecting communities to compassionate systems. Reclaiming Bay Area futures.

Relational Leadership

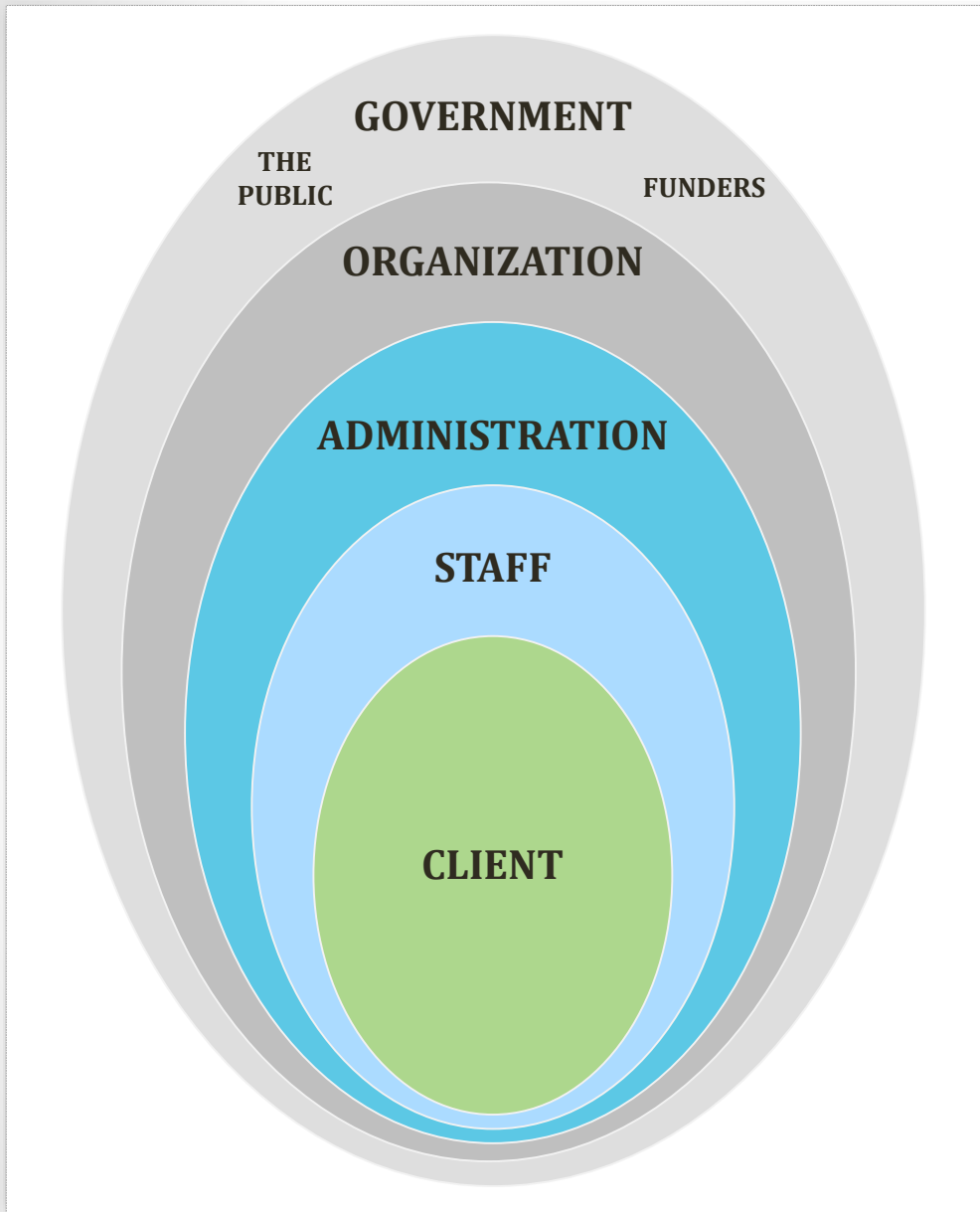
“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Maya Angelou

History: Stress and Trauma are Public Health Issues

- Stress linked to 6 leading causes of death
 - Heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide
- Trauma impacts more than just the individual
 - Ripple effect to others
- Some communities disproportionately affected
 - Racism + Urban Poverty + Trauma = Toxic
- Intergenerational transmission of trauma
- Systemic, preventative approach needed





Trauma affects organizations and systems as well as communities and individuals

Initiatives



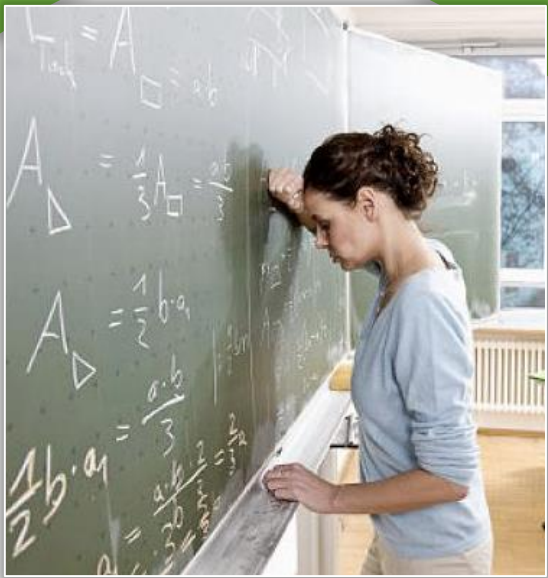
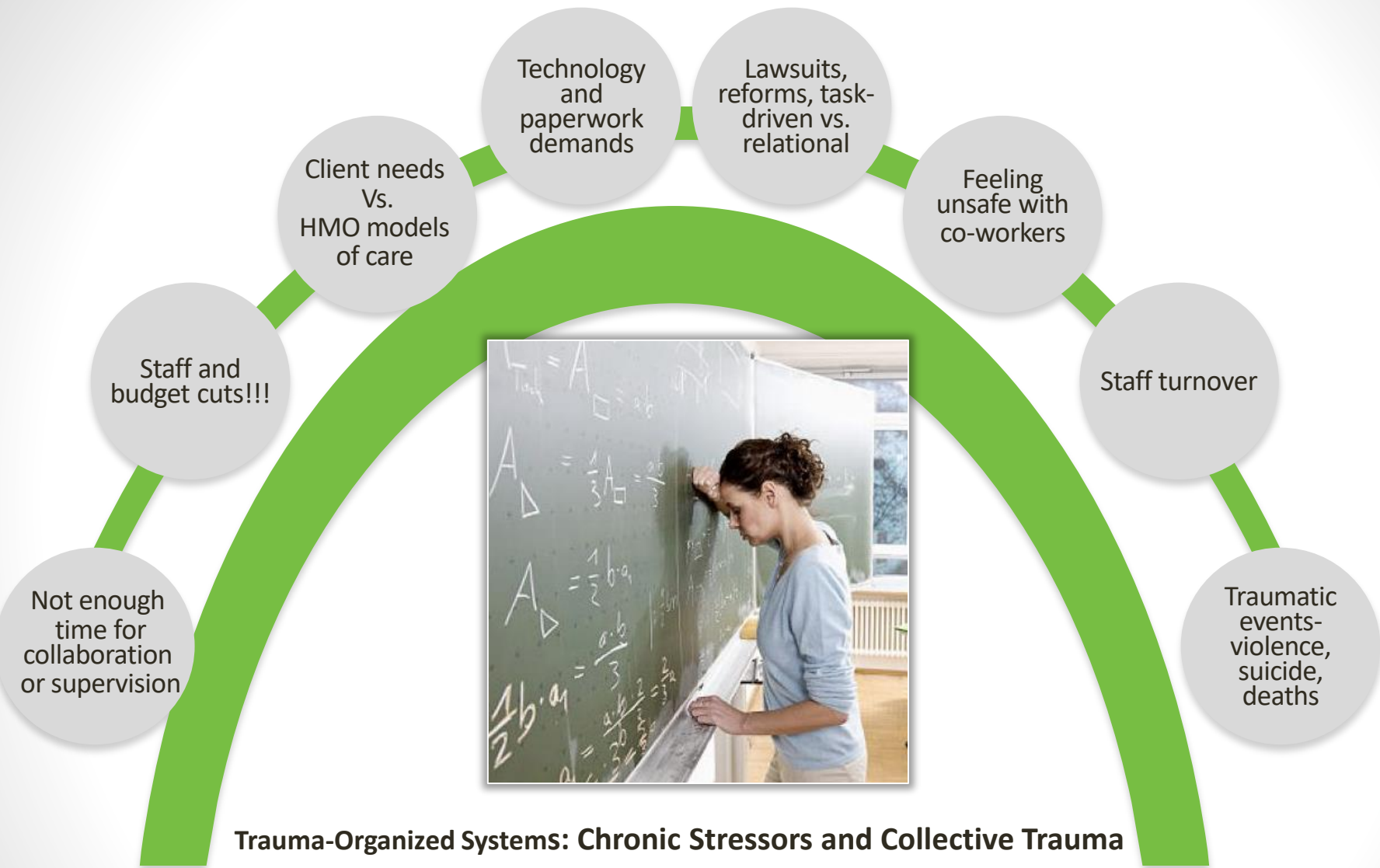
"Anyone have any bold initiatives they'd like to unleash?"

Impact of Racism

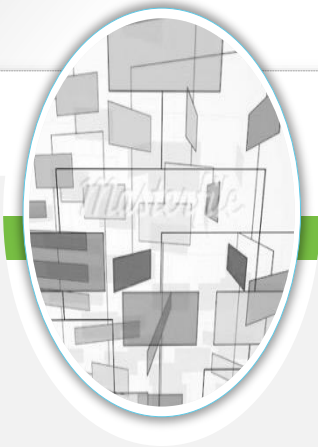
Historical
Unresolved Grief

Disenfranchised
Grief

Internalized Oppression

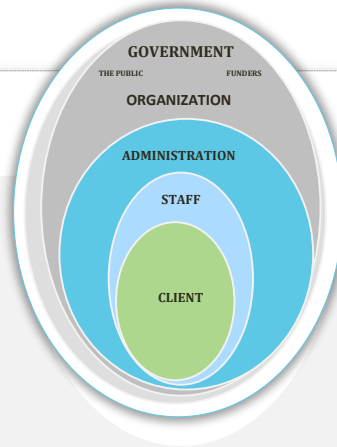


Trauma-Organized Systems: Chronic Stressors and Collective Trauma



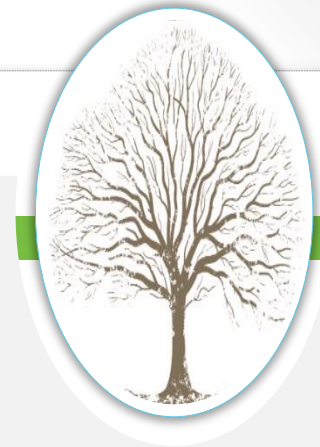
TRAUMA ORGANIZED

- Reactive/Organizational Hyperarousal (Crisis driven)
- Reliving/Retelling
- Fragmentation/Us vs Them
- Interpersonal Conflict/Silo
- Organizational Disassociation/Amnesia
- Avoiding/Numbing
- Authoritarian Leadership



TRAUMA INFORMED

- Shared Language
- Foundational Understanding of Trauma and Healing
- Understanding of the nature and impact of trauma
- Understanding racial disparities and insidious trauma



HEALING ORGANIZATION

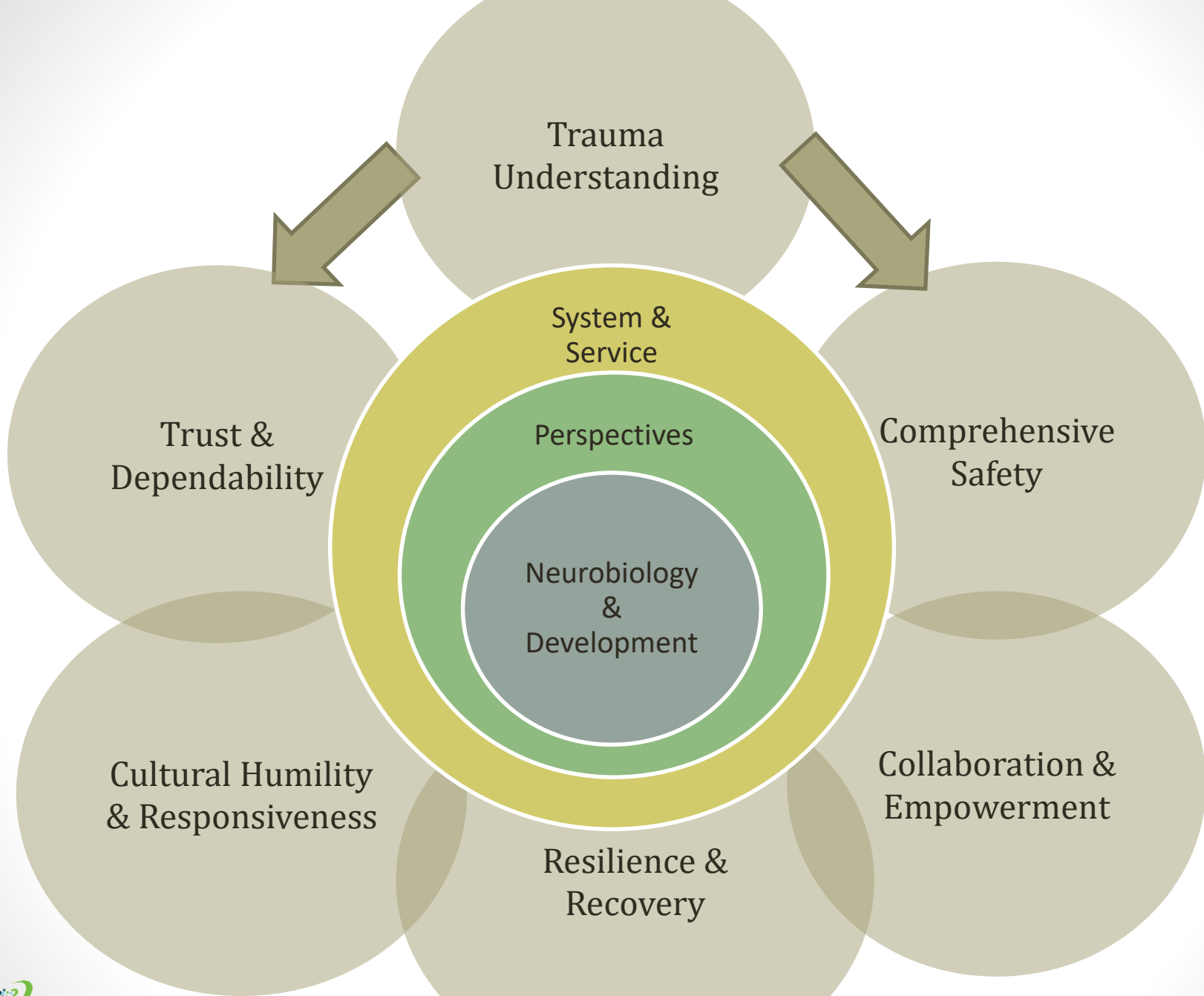
- Reflective
- Collaborative
- Culture of learning/Curiosity
- Making meaning out of the past
- Growth and Prevention Oriented (Conflict OK)
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING

15



Innovations do not benefit those who never experience them.

–Fixsen, D

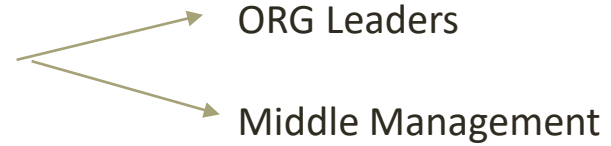
“ The use of effective interventions without implementation strategies is like serum without a syringe; the cure is available but the delivery system is not.”

Fixsen, Blase, Duda, Naoom & VanDyke, 2010



Trauma Informed System: Conceptual Framework

Leadership
Engagement

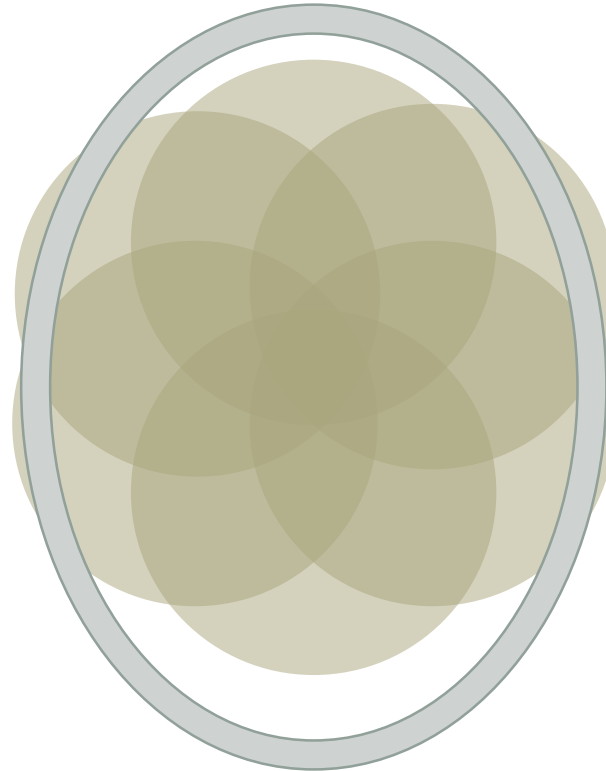


Evaluation

Training:
Trauma 101

Policy and
Practice

Embedded
trainers Jim



Champions



Evaluate & Align

TRAUMA-INFORMED SYSTEM:TIS 101



"My question is: Are we making an impact?"

Evaluate

TRAUMA INFORMED SYSTEM INITIATIVE EVALUATION PROGRAM

Evaluation drives learning and development. A thoughtful and active evaluation program plays an essential role in large scale change efforts, such as the San Francisco Department of Public Health's Trauma Informed System Initiative (TIS). It provides the critical information necessary for planning and delivery, accountability, resource allocation, and decision making. Accordingly, the TIS Evaluation Program began development concurrent to other components of the TIS Initiative and is an integrated facet of the work being done to shift SFDPH into a trauma informed system.

The TIS Evaluation Program centers on three interrelated components:

Knowledge Change

Are we supporting learning?

Participants evaluate the Trauma 101 foundational training.

Qualitative and quantitative results are comprehensively analyzed.

Key findings are used to improve training curriculum and assess support for the initiative.



Practice Change

Are we creating change?

Training participants complete a commitment to change plan.

Changes focus on creating a trauma informed worklife.

Participants are followed up with to assess themes, impact, and experience.



System Change

Are we improving our system?

Relationships, health, performance, and satisfaction will be broadly examined by considering:

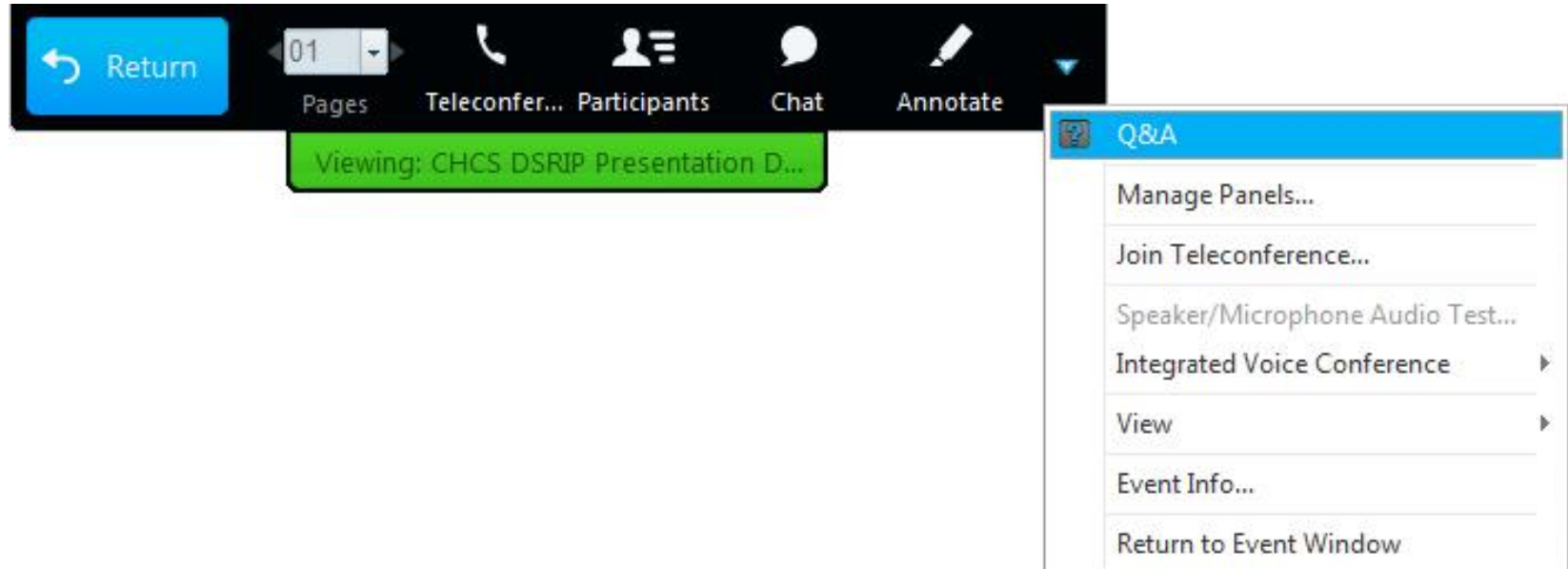
Staff engagement/health, system HR and personnel data, client satisfaction, program data.



Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



Montefiore Medical Group: Trauma Informed Care

- Rahil Briggs, PI (rabriggs@montefiore.org)
- Miguelina German, Project Director
- Brittany Gurney, Project Manager
- Dana Crawford, Katie Dumpert, Alissa Mallow, Content Team
- Trauma Informed Multidisciplinary Team members: nurses, pediatrician, family medicine doc, administrators, front desk, psychologists, social workers

Agenda

- Why embark on this TIC journey?
- How to proceed?
 - Leadership buy in
 - Learning collaboratives/Online learning modules/In-person trainings
 - Screening
 - Critical Incident Management (CIM)

Learning Collaboratives

- April 2016: Introducing TIC – Understanding Stress & Trauma
- June 2016: Manifestations of Trauma
- Sept 2016: Secondary Traumatization
- Dec 2016: Reactions to Trauma
- March 2017: Resilience, Recovery & Commitment to Change

LC#2: Manifestations of Trauma



Triggers: Traumatic Beliefs

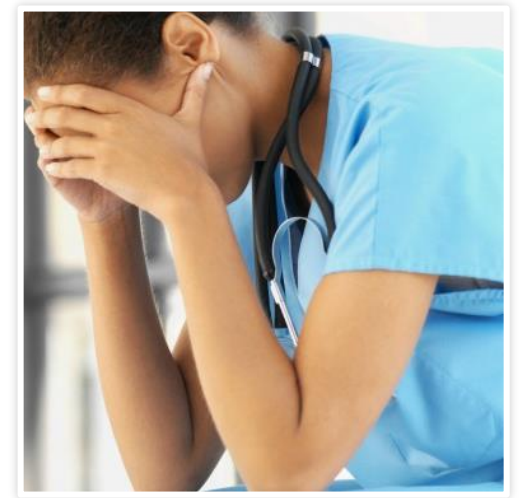
- 1) I am not safe.
- 2) People want to hurt me.
- 3) If I am in trouble, no one will help.
- 4) The world is dangerous.



LC# 3: Secondary Trauma Compassion Fatigue

- “The cost of caring”
- The gradual erosion of all the things that keep us connect to others in our caregiver role
 - Empathy
 - Hope
 - Compassion

***Not only for others,
but also for ourselves***



LC#3: Secondary Trauma

- You didn't experience the trauma, but you learned about the trauma and it impacts you
- Can lead to PTSD
- Can be the result of hearing a patient story or debriefing with a colleague
- Symptoms that are similar to those of patients with trauma experiences

Vicarious Traumatization



LC# 4: Reactions to Trauma

Remember the acronym, PEARLS...

- Partnership: “Let’s work together.”
- Empathy: “That sounds frustrating.”
- Apology: “I am sorry that happened.”
- Respect: “You have gone through a lot.”
- Legitimization: “I understand why you’re upset.”
- Support: “Let’s see what we can do.”

The Avoider (moving away)

- Withdraw
- Refers patient elsewhere
- Silence patients/colleagues
- Humor?



The Superhero (moving toward)

- Exaggerated sense of responsibility
- Excessive advocacy
- Over-sharing



The Critic (moving against)

- Anger and irritability
- Heated arguments
- Sarcastic remarks



**ME?
SARCASTIC?
NEVER.**

PictureQuotes.com



LC #5: Resilience, Recovery and Commitment to Change



Solutions

- PEARLS
- 920-CALM
- Deep Breathing
- Mindfulness
- Calm spaces
- Walking routes
- Buddy
- EAP
- CIM

Trauma Informed Care Screening

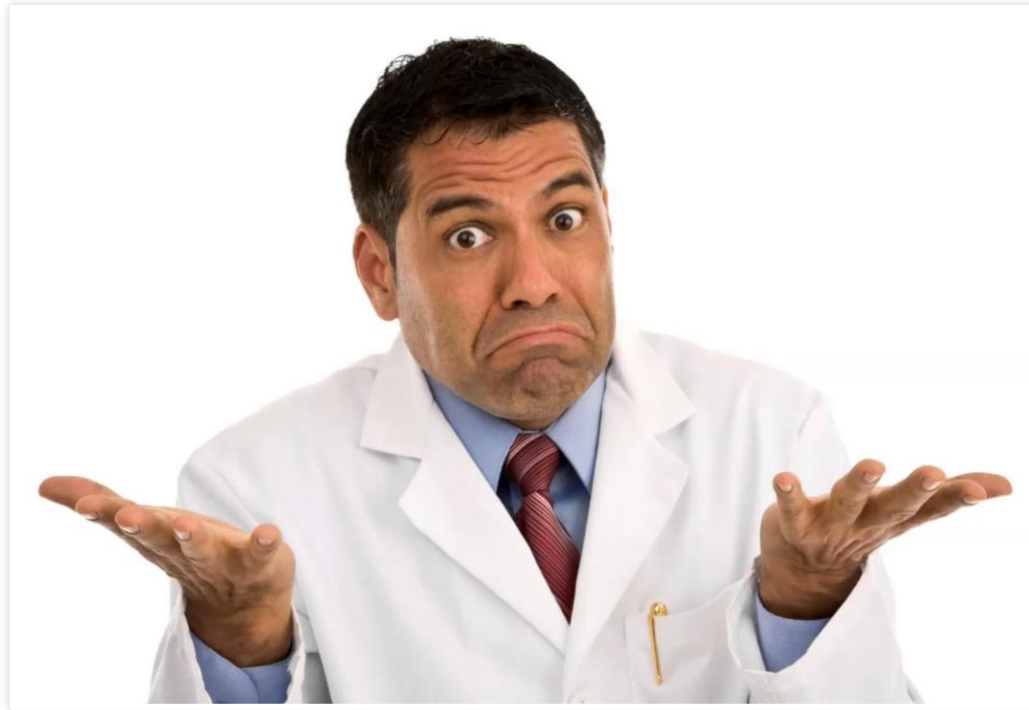
- MMG practices universally screen for depression across the lifespan (from pediatrics to geriatrics).



Questions to think about....

- 1) How can you assess if your practice is ready to begin conducting PDSAs to screen for ACEs with your patients?
- 2) What types of training and support will your practice staff need to build competency and comfort in administering the ACEs?

But how can screening adults for childhood ACEs help?



The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

-- Naomi Rachel Remen



Critical Incident Management

- Exposure to traumatic events can cause a heightened ‘emotional state’ or ‘crisis’ which generates emotional turmoil.
- Evidence Based Practice Model – International Critical Incident Stress Foundation
- Designed to assist individuals exposed traumatic critical incidents helping to prevent post-traumatic stress.
- Crisis reactions can be lessened and rapid return to adaptive function can be achieved if appropriately trained crisis interventionists utilize this EBP model.

Critical Incident Management at MMG

- The violent and unexpected death of an associate employed at the site
- A mass casualty event that the center responds to
- Violence of a catastrophic nature in the center either by a patient or an associate which results in life-threatening harm and/or death to a patient or associate

Elements of Critical Incident Management

- Small group Crisis Management Briefing (CMB)
- Rest, Information, Transition Services (RITS)
- Defusing
- Debriefing

Lessons Learned

- Importance of shared language and attention to TIC
- Challenge of large institution and diffused reporting structures
- IT
- ACEs screening across the lifespan
- Champions

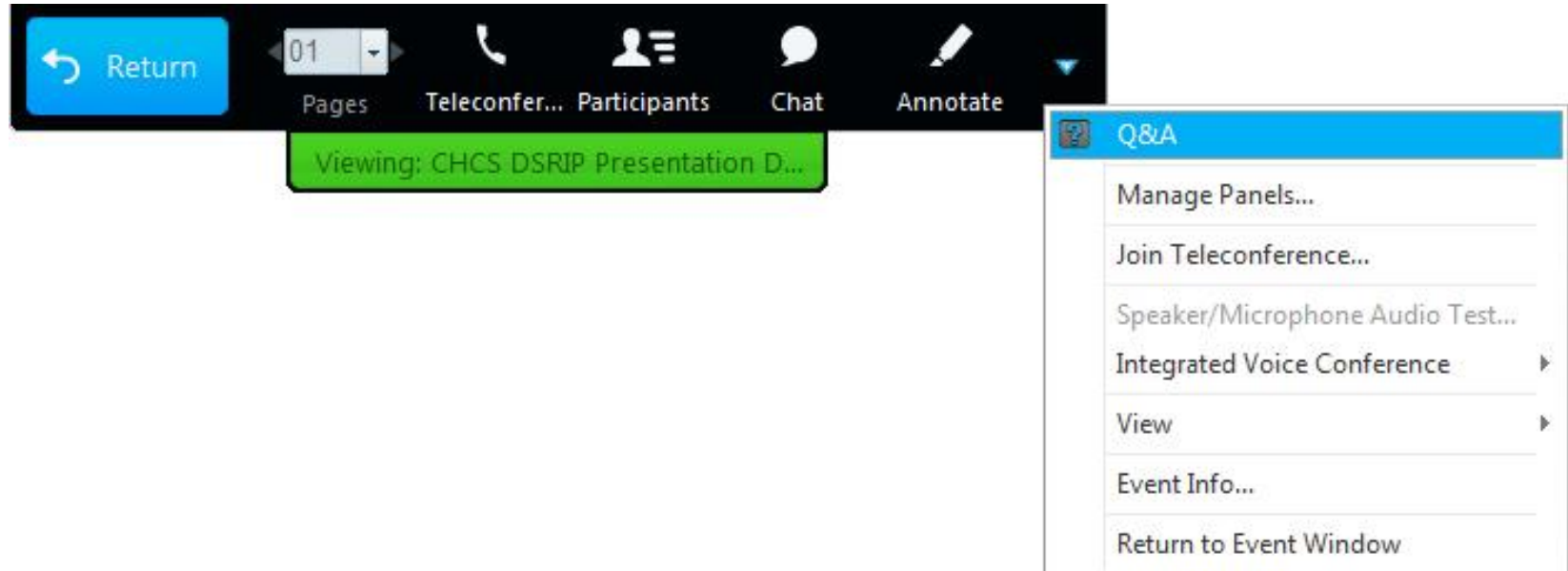
* * *

What can you do tomorrow? Reflect on the importance of TIC, Commit to the change, and find your champion(s).

Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



Visit CHCS.org/Trauma-Informed-Care/



Learn about CHCS' *Advancing Trauma-Informed Care* project



Download practical resources for adopting trauma-informed approaches to care, such as:

- *Key Ingredients for Successful Trauma-Informed Care Implementation*
- *Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations*
- *Understanding the Effects of Trauma on Health*



Subscribe to CHCS e-mail and social media updates to learn about new programs and resources

The screenshot shows the CHCS website page for Trauma-Informed Care. The header includes the CHCS logo (Center for Health Care Strategies, Inc.) and navigation links for News & Events, ABOUT US, TOPICS, PROJECTS, RESOURCES, and BLOG. The main content area features a video player with the title "Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations" and a "BRIEF" label. Below the video is a text block starting with "Exposure to trauma — including abuse, neglect, discrimination, and violence — increases an individual's risk for serious health issues." To the right of the video is a "Related" section with a list of topics: Complex Populations, Digital Health, High-Need, High-Cost Populations, Medicaid Health Homes, Physical-Behavioral Health Integration, Social Determinants of Health, and Supportive Housing. At the bottom, there are three columns: "Latest Resources" with two webinar entries from October 2017, "Current Projects" with "Advancing Trauma-Informed Care" and "Medicaid Early Childhood Innovation Lab", and "Featured Blog Post" with a post titled "State and Federal Support of Trauma-Informed Care: Sustaining the Momentum" from September 2017.