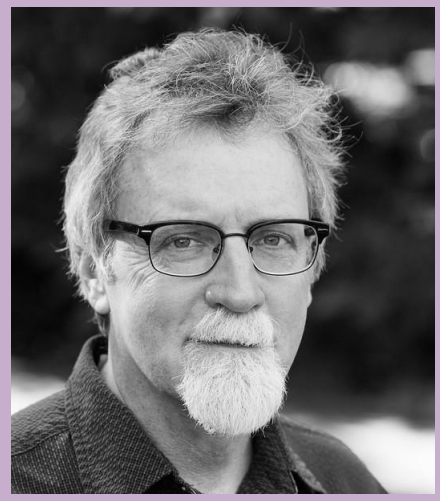
How Trauma-Informed is your Organization?

Wednesday, June 9, 2021| 12:00 – 1:15 PM

WELCOME

Hannah Stanfield
Care Improvement &
Innovation Manager

FEATURED PRESENTER



Ken Kraybill
Senior Trainer
C4 Innovations

Housekeeping

You have control over your microphone.
Please mute when not speaking.

Questions are welcome throughout.
Feel free to unmute or type into the chat.

This session is being recorded.
Slides and a recording will be available after the webinar.

What is trauma-informed care?

"A strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma…

It emphasizes physical, psychological, and emotional safety for providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment."

Hopper, Bassuk, & Olivet, 2010

What is trauma-informed care?

Trauma-informed care broadly refers to a set of principles that guide and direct how we view the impact of severe harm on… people's mental, physical and emotional health.

Trauma informed care encourages support and treatment to the whole person, rather than focus on only treating individual symptoms or specific behaviors.

Shawn Ginwright (2018)

What is trauma-informed care?

Relevance of trauma-informed approaches in our work

Traumatic experiences have a direct impact on people's overall health and well-being

Traumatic experiences have a direct impact on *how* people engage in services and care

If someone discloses current or past trauma, it's important to know how to respond

Knowing about the impact of trauma can improve health outcomes

Understanding trauma can help you better manage risk

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

Ways our services can re-traumatize

Lack of privacy

Unwanted physical touch (even when well-intended)

Personal questions that may be embarrassing/distressing

Expert-recipient vs. partnering approach

Only one right way

Unresolved trauma that's transmitted

Institutional inequities

Staff bias – race, ethnicity, gender, sexual identity, class

Either/or thinking

Rigid policies and procedures

Other

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

How trauma can affect people's engagement in services

Avoidance due to fear of not being seen, heard, taken seriously, believed

Fear of placing trust in others, being controlled, exploited, abandoned

More comfortable with transactional relationships

Difficulty keeping appointments, following up on referrals, following through with plans (fear, avoidance, impaired memory, poor decision-making)

Other

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

Why a trauma-informed approach matters for patients and staff

People receive better services and care

Staff able to cope more effectively with their work and is associated with greater resilience among workers

Promotes staff retention and reduces turnover

Reduces levels of vicarious trauma experienced by staff

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

The Why of Implementing TIC: Whole-Person Care

"We are called to heal wounds, to unite what has fallen apart, and to bring home those who have lost their way."

Francis of Assisi

Kintsukuroi (keen-tsoo-koo-roy)

The Japanese art of mending pottery using gold or silver lacquer. The broken and mended pot becomes even more beautiful than the original. A compelling metaphor for how pain, grief, and trauma in our lives can transform us in positive, even beautiful ways.

Principles of TIC

Understanding trauma and its impact

Promoting safety

Supporting client control, choice, and autonomy

Sharing power and governance

Promoting healing through relationships

Principles of TIC

Practicing cultural humility

Integrating care

Recognizing that recovery can and does happen

Addressing secondary traumatization and promoting self-care

Adapted from Guarino, Soares, Konnath, Clervil, & Bassuk, 2009

Implementing best practices

What is your experience in implementing other clinical best practices/therapeutic approaches?

Tips/lessons learned?

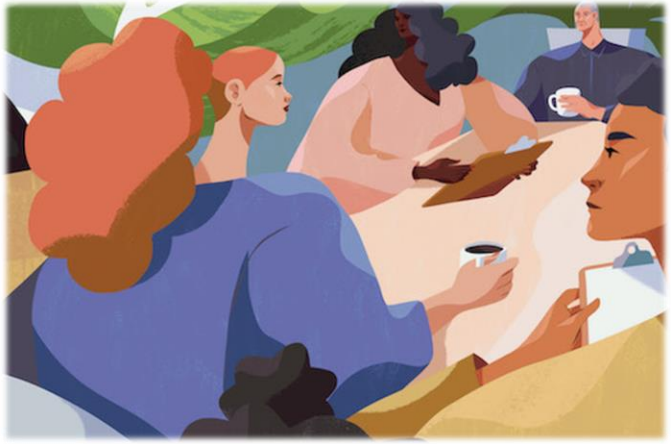
Implementing trauma-informed, healing-centered practices

Two-pronged approach:

1. Focus on **organizational** aspects of trauma-informed care, and

2. Build **staff skills** to work in more trauma-informed ways

Implementing TIC in Your Organization



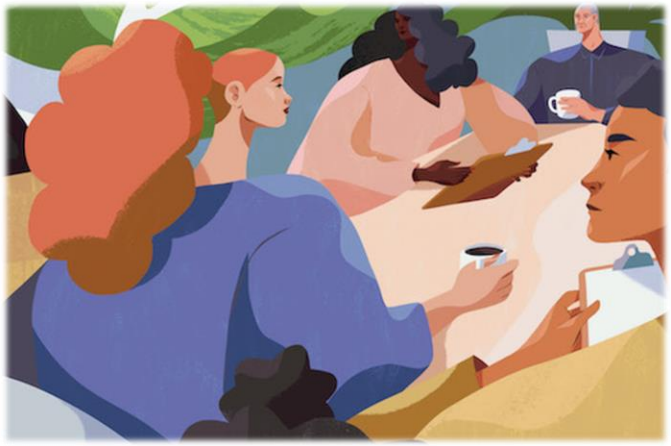
Organizational strategies

Designate a **Trauma-Informed Care (TIC) Implementation Team** to assess needs, make specific recommendations, and guide implementation efforts to become more trauma-informed in all aspects of the organization

Use a **TIC Organizational Self-Assessment** tool to determine the organization's initial level of understanding and adoption of trauma-informed practices to create a baseline from which to measure progress over time (using the same tool repeatedly at regular intervals)

Review organizational **Vision, Mission, Philosophy of Care statements** – ensure they align with trauma- informed principles and practices

Implementing TIC in Your Organization



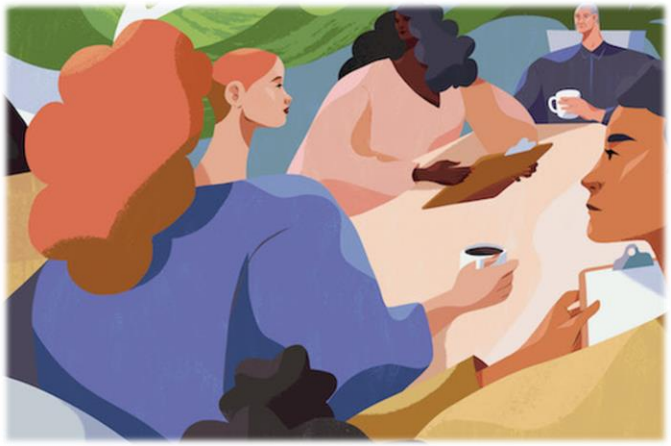
Organizational strategies

Include understanding of trauma, its impact, and TIC approaches as a **job requirement or preference** when advertising for, screening, and hiring new staff, especially clinicians and supervisory positions

In **job interviews**, ask applicants about their understanding of trauma-informed care/healing-centered practices and to provide specific examples of these approaches

Ensure that **clinical supervisors** are trained in and providing trauma-informed supervision, paying particular attention to the impact of the work on staff well-being

Implementing TIC in Your Organization



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Include understanding of trauma, its impact, and TIC approaches as a **job requirement or preference** when advertising for, screening, and hiring new staff, especially direct-service and supervisory positions

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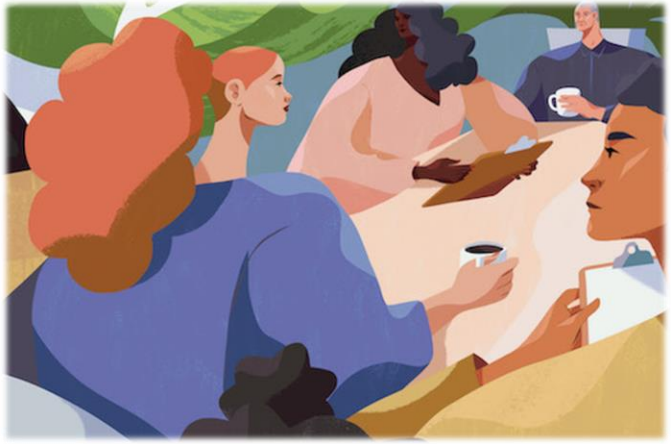
Implementing TIC in Your Organization



Organizational strategies

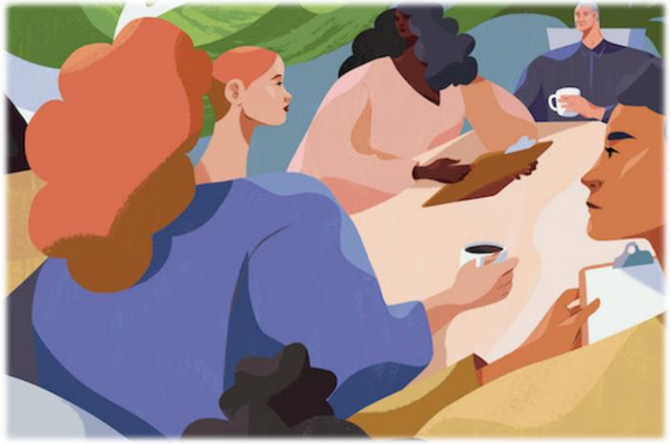
In **supervisory sessions** make it an expectation for supervisors to assess and help staff strengthen their trauma-informed knowledge and skills

Include TIC knowledge and skills as a **professional development goal** for staff in their performance review plans

Revise program **intake forms and progress notes** to reflect and promote a trauma- informed approach

Participate in **TIC-related clinical research** studies (or possibly seek out opportunities to conduct research)

Implementing TIC in Your Organization



Organizational strategies

Create TIC-related **visual reminders** (posters, signs, quotes, prompts) to post in the agency

Develop an **online TIC discussion forum** within the agency

Encourage selected staff to become **trained as TIC trainers**

Initiate additional **inspired ideas**…

Example: Re-traumatization

What conditions might retraumatize patients in your CHC?

- Feeling unsafe
- Perception of not being "seen, heard, believed, respected"
- Long waits
- Feeling overwhelmed, intimidated by "how medical visits work"
- Language barriers (including overuse of "medical-speak")
- Time constraints, feeling rushed
- Little time to build trust/relationship
- Little time to explain, ask questions
- Past trauma in health care encounters
- Lack of cultural sensitivity/humility
- Impact of past trauma – ACEs, allostatic load
- Systemic disparities in treatment and outcomes for people of color
- Fear due to immigration status, being undocumented
- Practitioner as sole expert dynamic, lack of partnership

Example: Re-traumatization

What conditions might retraumatize patients in your CHC?

- Lack of privacy
- Having to remove clothing
- Being touched without permission
- Being observed/assessed
- Staff reacting vs. responding to patients
- Fear of the unknown
- Intrusive or personal questions
- Lack of control and/or powerlessness
- Feeling reduced to a problem list, set of symptoms, diagnosis
- Too little focus on patient's strengths, knowledge, wisdom, resilience
- Witnessing suffering of other patients
- Isolation, enclosed spaces
- Presence of security guards
- Other

Implementing TIC in Your Organization

Strategies to Build Skills

Establish **TIC learning circles** (aka communities of practice, coaching circles) that meet regularly to build knowledge and skills

- Groups of 4-8
- Identify skillful facilitators and equip them with TIC practice activities and resources
- Focus on practicing trauma-informed conversations with coaching and feedback (not just talking about them)

Offer regularly scheduled introductory and advanced **TIC training opportunities** (ensuring that participants are assigned to or already a part of an ongoing learning circle)

Implementing TIC in Your Organization

Strategies to Build Skills

Contract as needed with **external TIC coaches, trainers, and consultants** to promote ongoing learning

Encourage **self-initiated learning** by providing TIC resources – books, electronic books, articles, training tapes, skill-building exercises, and other learning tools

Initiate additional **inspired ideas**…

Implementing trauma-informed, healing-centered practices

Implementing trauma-informed, healing-centered practices

Common domains

1. GOVERNANCE AND LEADERSHIP:

The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach. There is an identified point of responsibility within the organization to lead and oversee this work and peer voices are included.

2. POLICY:

There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross-agency protocols reflect trauma-informed principles.

3. PHYSICAL ENVIRONMENT OF THE ORGANIZATION:

The organization ensures that the physical environment promotes a sense of safety.

4. ENGAGEMENT & INVOLVEMENT:

People in recovery, trauma survivors, consumers, and family members receiving services have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning (e.g., program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation).

https://traumainformedcaretraining.com/tic-in-organizations-ten-implementation-domains/

Implementing trauma-informed, healing-centered practices

Common domains

5. CROSS-SECTOR COLLABORATION

Collaboration across sectors is built on a shared understanding of trauma and principles of a trauma-informed approach. While a trauma focus is not the stated mission of different service sectors, understanding how trauma impacts those served and integrating this knowledge across service sectors is critical.

6. SCREENING, ASSESSMENT AND TREATMENT SERVICES:

Interventions are based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed approach. Trauma screening and assessment are an essential part of the work. Trauma-specific interventions are acceptable, effective, and available for individuals and families seeking services. When trauma-specific services are not available within the organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.

7. TRAINING AND WORKFORCE DEVELOPMENT:

Continuous training on trauma, peer support, and how to respond to trauma is available for all staff. A human resource system incorporates trauma-informed principles in hiring, supervision, and staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress from exposure to highly stressful material.

https://traumainformedcaretraining.com/tic-in-organizations-ten-implementation-domains/

Implementing trauma-informed, healing-centered practices

Common domains

8. PROGRESS MONITORING AND QUALITY ASSURANCE:

There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based and trauma-specific screening, assessments, and treatment.

9. FINANCING:

Financing structures are designed to support a trauma-informed approach which includes resources for staff training, development of appropriate facilities, establishment of peer support, and evidence-supported trauma screening, assessment, services, and interventions.

10. EVALUATION:

Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-research instruments.

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Discussion

Selected Resources

BRIEF | APRIL 2016

Key Ingredients for Successful Trauma-Informed Care Implementation

By Christopher Menschner and Alexandra Maul, Center for Health Care Strategies

IN BRIEF

Because of the potentially long-lasting negative impact of trauma on physical and mental health, ways to address patients' history of trauma are drawing the attention of health care policymakers and providers across the country. Patients who have experienced trauma can benefit from emerging best practices in trauma-informed care. These practices involve both organizational and clinical changes that have the potential to improve patient engagement, health outcomes, and provider and staff wellness, and decrease unnecessary utilization. This brief draws on interviews with national experts on trauma-informed care to create a framework for organizational and clinical changes that can be practically implemented across the health care sector to address trauma. It also highlights payment, policy, and educational opportunities to acknowledge trauma's impact. The brief is a product of *Advancing Trauma-Informed Care*, a multi-site demonstration project supported by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies.

Selected Resources

Implementing Trauma-Informed Care: Recommendations on the Process

Diane K. Yatchmenoff
Stephanie A. Sundborg
Mildred A. Davis

Abstract: *The importance of trauma-informed care (TIC) is now recognized across most health and human service systems. Providers are calling for concrete examples of what TIC means in practice and how to create more trauma-informed organizations. However, much of the current understanding about implementation rests on principles and values rather than specific recommendations for action. This paper addresses this gap based on observations during the provision of technical assistance over the past decade in fields like mental health and addictions, juvenile justice, child welfare, healthcare, housing, and education. Focusing on the infrastructure for making change (the TIC workgroup), assessment and planning, and the early stages of implementation, the authors discuss barriers and challenges that are commonly encountered, strategies that have proven effective in addressing barriers, and specific action steps that can help sustain momentum for the longer term.*

Keywords: *Trauma-informed care; implementation; health and human services*

Selected Resources

Trauma-informed supervision: Historical antecedents, current practice, and future directions

Carolyn Knight

School of Social Work, University of Maryland, Baltimore County, Baltimore, Maryland, United States

ABSTRACT

In this article, the author traces the development of the current emphasis on trauma-informed practice and care in behavioral and mental health treatment. Using the discrimination model of clinical supervision, the author then discusses the application of trauma-informed principles to supervision. Relevant research is cited, and case examples are employed to illustrate critical roles, responsibilities, and tasks. Challenges and future directions also are identified.

KEYWORDS

Clinical supervision; trauma-informed supervision; trauma-informed practice

Over the past decade, increased attention has been devoted to articulating the nature and implications of trauma-informed care in mental health and related fields. Trauma-informed care is not "trauma therapy." The focus of

Selected Resources

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TICOMETER

The TICOMETER© measures the degree to which an organization is engaged in trauma-informed practices. It evaluates needs and progress in implementing trauma-informed care and ensuring its sustainability. It is the first psychometrically-validated instrument that measures the levels of trauma-informed care in health and human service organizations

Consisting of 35 items across five domains, the TICOMETER© assessment takes approximately 15 minutes for staff members to complete online and scores are available to the organization immediately. The five domains include:

- Building trauma-informed knowledge and skills
- Establishing trusting relationships
- Respecting service users
- Fostering trauma-informed service delivery
- Promoting trauma-informed policies and procedures

Selected Resources

Assess essential trauma-informed care domains

- Knowledge
- Trusting relationships
- Respect for service users
- Service delivery
- Policies and procedures

In less than 15 minutes

- Measure 35 trauma-informed care indicators
- Receive scores based on individual staff responses
- Gather data for agency-wide assessment

Assess your organization's

- Level of trauma-informed care
- Staff training needs
- Implementation priorities

Selected Resources

Psychological Services

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1541-1559/19/$12.00

2019, Vol. 16, No. 1, 134–142
http://dx.doi.org/10.1037/ser0000299

Organizational Trauma-Informed Care: Associations With Individual and Agency Factors

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University of Maryland School of Social Work

Ellen L. Bassuk
Center for Social Innovation, Needham, Massachusetts, and Harvard Medical School

Molly K. Richard and Kristen Paquette
Center for Social Innovation, Needham, Massachusetts

In response to the growing awareness of the high rates of potentially traumatic experiences and their potential adverse impacts, health and human service providers have increasingly focused on implementing trauma-informed care (TIC). However, studies focusing on effective implementation have been limited. In this study, we explored the relationship of individual and agency characteristics to the level of organizational TIC. With data collected from a sample of 345 providers from 67 agencies, we used the TICOMETER, a brief measure of organizational TIC with strong psychometric properties, to determine these associations. We found weak relationships between individual factors and TICOMETER scores and stronger associations for agency-level factors. These included agency type, time since last trauma training, and involvement of service users. These findings highlight the importance of robust cultural changes, service user involvement at all levels of the organization, flattening power differentials, and providing ongoing experiential training. This analysis fills an important gap in our knowledge of how best to ensure agency-wide provision of TIC.

Keywords: trauma-informed care, implementation, human services, competency training, organizational effectiveness

Health and human service providers have become increasingly aware of the alarmingly high rates of potentially traumatic events, including exposure to violence, and its devastating impact. Almost 90% of 2,953 respondents in a national study reported at least one potentially traumatic event in their lifetime, and multiple exposures were the norm (Kilpatrick et al., 2013). Among children, victimization rates are nearly as high; 71% of respondents to The Victimization of Children and Youth survey, a national sample of 2030 children and youth aged 2–17, reported at least one victimization experience in the last year, and nearly 22% reported four or more different kinds of victimizations (e.g., physical assaults, sexual assaults, maltreatment, and bullying; Finkelhor, Ormrod, Turner, & Hamby, 2005).

Various subgroups report even higher rates. Research on adversity shows that the vast majority of low-income children and families receiving homeless services have experienced potentially traumatic events (Bassuk et al., 1996; Hayes, Zonneville, & Bassuk, 2013), as have the majority of children in the child welfare system (Aarons, Brown, Hough, Garland, & Wood, 2001; Ko et al., 2008). In a national sample of youth in residential care, 92% reported multiple potentially traumatic events (Briggs et al., 2012). In addition, 90% of people diagnosed with serious mental illness and using public mental health services had been exposed to potentially traumatic experiences (Mueser et al., 2004). Almost all (97%) homeless women with serious mental illness have experienced severe physical and sexual abuse; 87% of these individuals reported these experiences as both children and adults (Goodman, Johnson, Dutton, & Harris, 1997).

Traumatic responses are complex psychological reactions to stressful experiences in which a person feels helpless, overwhelmed, and unable to cope (Herman, 1997; Terr, 2003). The impact of traumatic stress can be damaging and long-lasting. Potential adverse effects include neurobiological changes, medical and mental health problems, difficulty regulating affect, problems forming and sustaining supportive relationships, compromised functioning, and challenges accessing essential services (Cook et

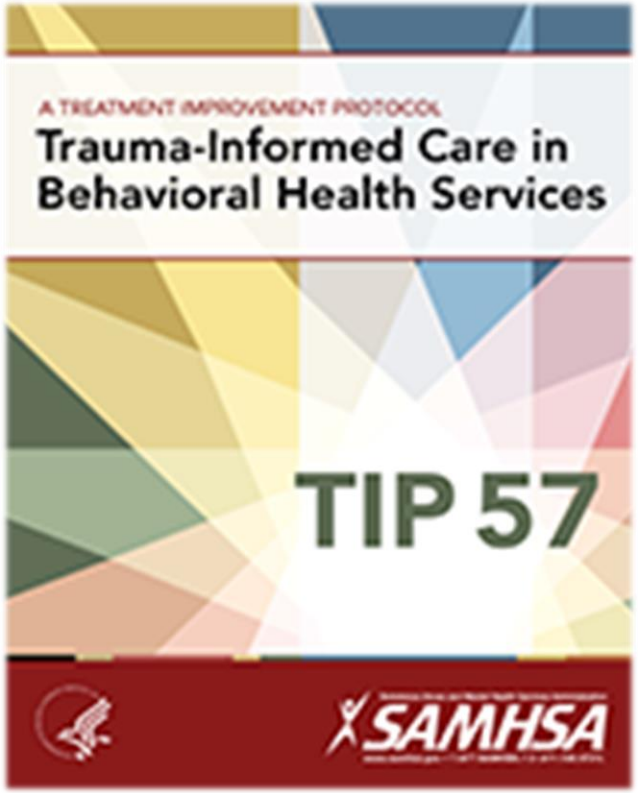
This article was published Online First November 15, 2018.

George Jay Unick, University of Maryland School of Social Work; Ellen L. Bassuk, Center for Social Innovation, Needham, Massachusetts, and

Selected Resources

The Trauma-Informed Supervisor

Selected Resources



Thank you!

Ken Kraybill
kkraybill@c4innovates.com

We are committed to providing continuing support to health centers who are interested in implementing Trauma-Informed principles.

Indicate your interest in the chat, email me, or complete our short evaluation.

Washington Association for Community Health
Community Health Centers Advancing Quality Care for All

hstanfield@wacommunityhealth.org