NYAPRS Executive Seminar
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Day 3

Building a Trauma Responsive Organization

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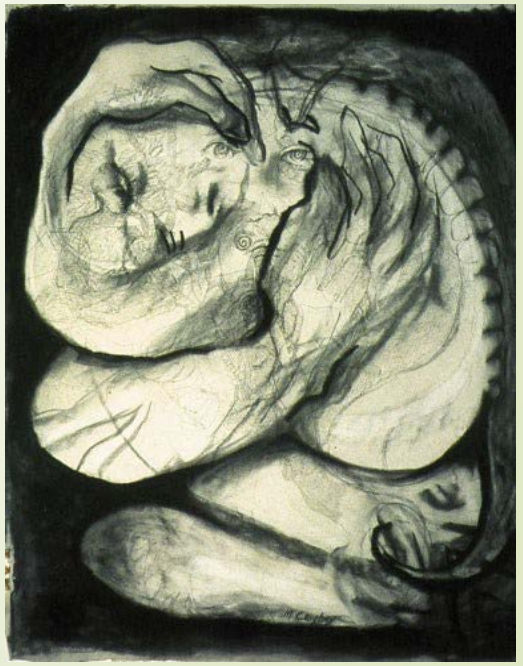
COVID-19: Real Trauma in Real Time

What is trauma?

- Trauma is both experience of an event and a response to an event
- A traumatic event is one in which a person directly experiences or witnesses:
  - Actual or threatened death
  - Serious injury
  - Threat to physical integrity of self or another

OR

- First-hand repeated exposure or extreme exposure to the aversive details of a traumatic event (e.g. first reponders, counselors, trauma therapists, etc.)



"HUGGING FORM" - Meghan Caughey

CDC-Kaiser ACE Study

- The CDC-Kaiser Permanente **Adverse Childhood Experiences** (ACE) Study is one of the largest investigations of **childhood abuse and neglect and household challenges** and later-life health and well-being.
- The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors
- Participants were 54% Female, 46% Male, 74.8% White, 4.5% Black and 11.2% Hispanic
- The **ACE Questionnaire** consists of 10 statements about childhood experiences of parental/caregiver emotional and physical abuse, neglect, abandonment, mental illness and substance abuse. An ACE score can be anywhere between 1 and 10 indicating the number of adverse categories the individual has experienced.

According to the CDC:

- ACEs are common
- About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs
- Exposure to ACEs is associated with up to 1.9 million cases of heart disease and 21 million cases of depression.
- Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

What is the experience and aftermath of traumatic stress?

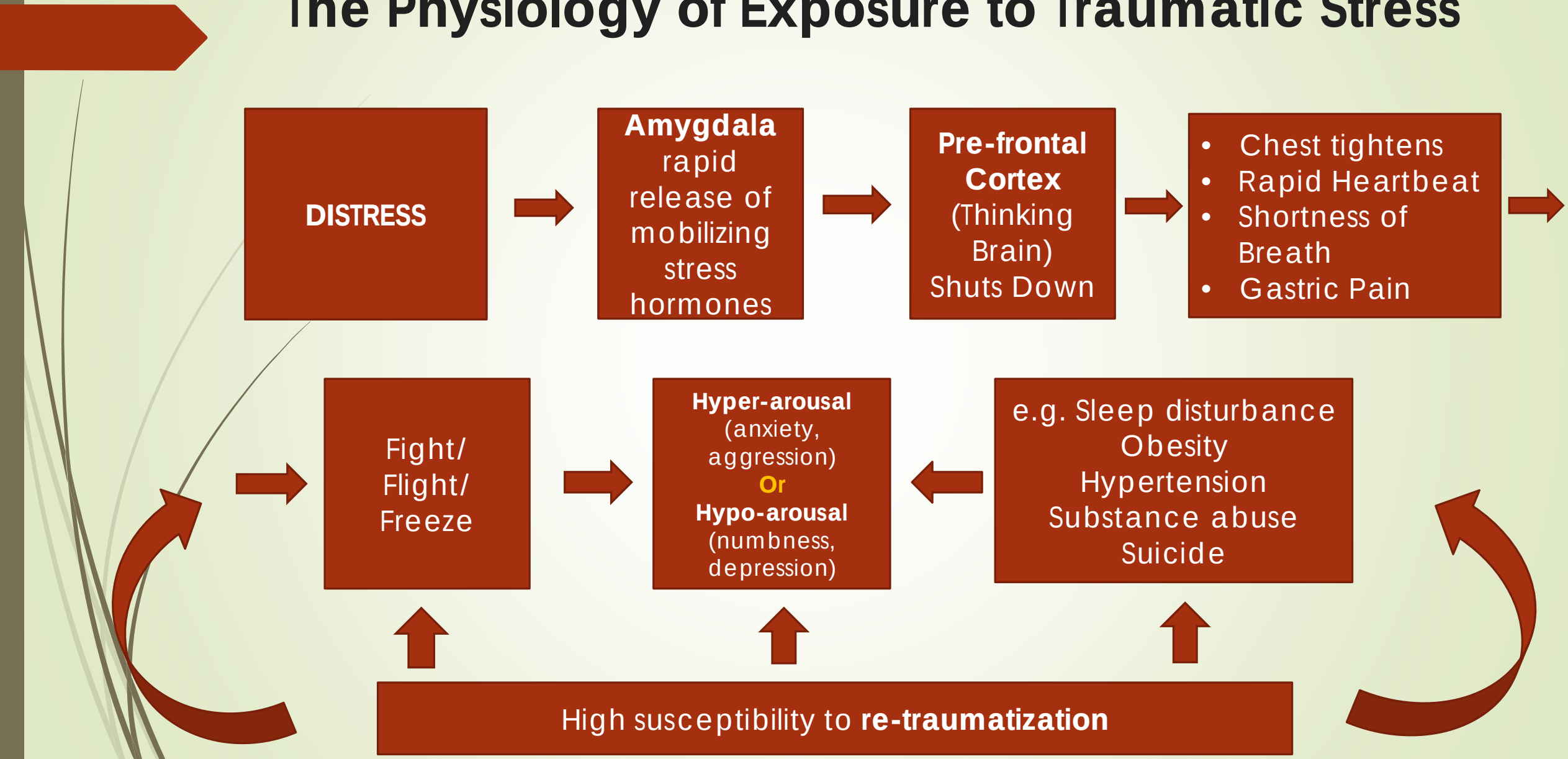
- Intense Fear
- Helplessness
- Anxiety
- Uncertainty
- Depression
- Physical discomfort/Pain

How is traumatic stress expressed?

- Hypervigilance
- Sleep Disorder/Insomnia
- Withdrawal / Dissociation
- Aggression
- Mood Dysregulation
- Addiction
- Suicide
- Chronic Disease (e.g. obesity, CVD, immuno-suppression)

Trauma is experienced on a continuum of distress mitigated by resilience

The Physiology of Exposure to Traumatic Stress



WHY BE TRAUMA RESPONSIVE?

PREVALENCE

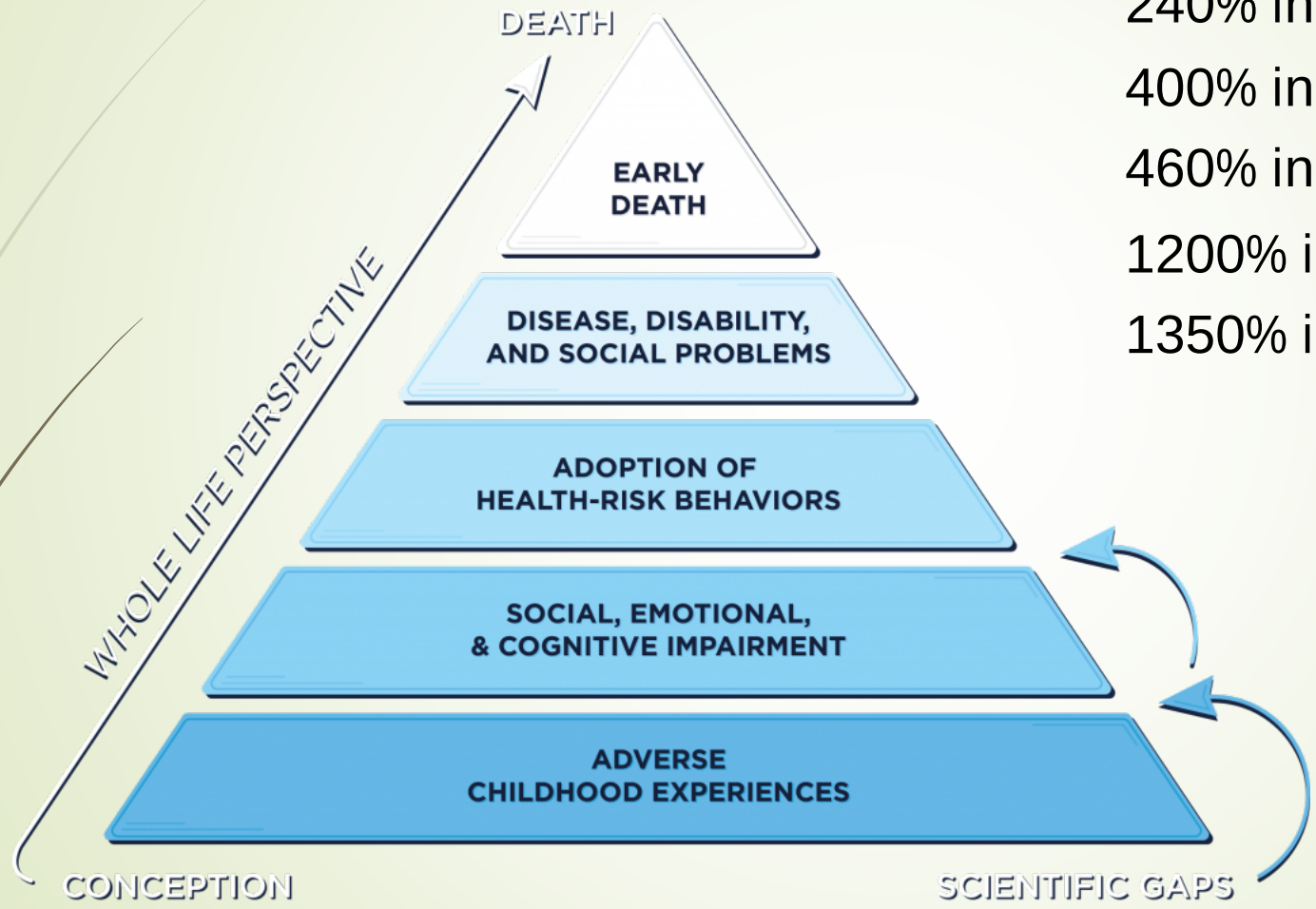
In the lives of the people we serve:

- Individuals diagnosed with SMI – 90%+ report hx of trauma (Mueser et al.)
- Individuals with SMIs report experiencing more abuse in childhood and are more likely than the general population to be victimized in adulthood (Briere, 2012; Chessen, Comtois, & Landes, 2011).
- 75% of individuals seeking treatment for a substance use disorder have been exposed to or experienced a traumatic event in their lives (Covington, Hopper)
- 3 of 4 individuals seeking mental health services have experienced some type of childhood abuse or neglect (Shi, 2013).
- Poverty, racism, hunger, chronic homelessness, growing up in domestic violence and/or with substance abuse etc., all have greater exposure to trauma

In our lives and the lives of front line behavioral health workers:

- More than 50% of adults have experienced or been exposed to violence (VA)
- US youth – 70% experienced physical assault in lifetime; 72% witnessed violence in home or community (not in war)(CDC)
- *A report of child abuse is made every ten seconds in the United States.* (Childhelp, 2013)
- 45% of U.S. adults reported negative impact on mental health due to Covid-19 worry and stress (KFF Poll April 2020)
- Widespread experience of loneliness is a public health concern and poses greater risk for both mental and physical health, (U.S. Surgeon General Vivek Murthy, Washington Post 2017)

ACEs



ACE of 4:

240% increased risk of hepatitis

400% increased risk of emphysema

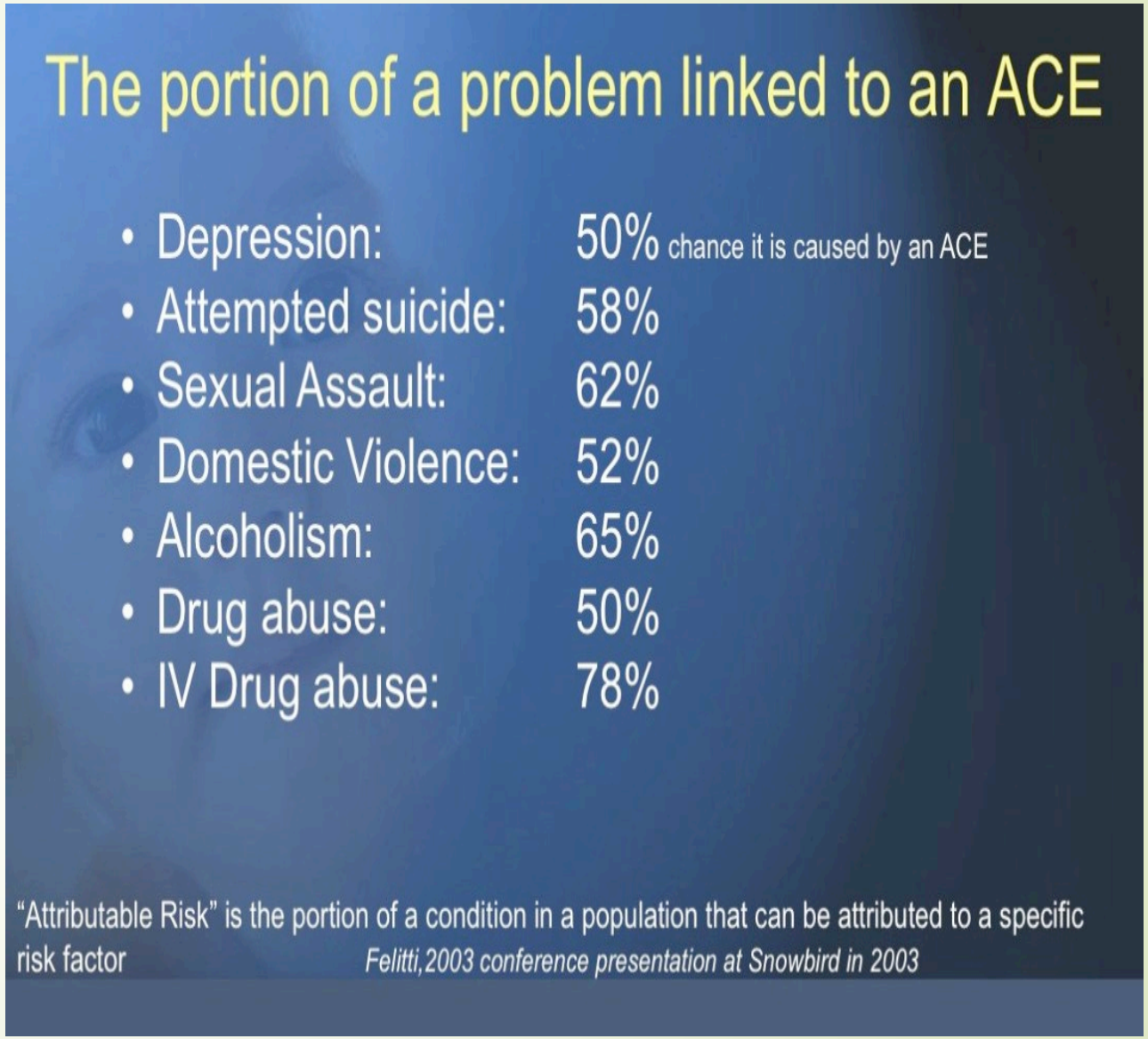
460% increased risk of depression

1200% increased risk of suicide

1350% increased risk of IV drug use

https://www.cdc.gov/violenceprevention/acestudy/index.html

ACEs and attributable risk for behavioral health disorders



WHY BE TRAUMA RESPONSIVE ?

- To deliver services that meet the prevalent needs of the people we serve.
- To empower a workforce with skills that meet the prevalent needs of the people they serve.
- To improve engagement between our workforce and the people they serve.
- To improve behavioral and primary health outcomes of the people we serve
- To prevent workforce burnout
- To enhance workforce loyalty and retention
- To enhance continuity of care
- To prevent re-traumatization
- To promote recovery
- To build organizational and workforce resilience

BECOMING A **TRAUMA- RESPONSIVE** ORGANIZATIONAL CULTURE

4 STEPS FOR GETTING STARTED

- An understanding and appreciation of the prevalence of trauma in the healthcare universe.
- An understanding and appreciation of the relevance of trauma-responsive culture for improving health outcomes in people with complex care needs.
- Leadership buy-in and willingness to examine organizational management and clinical operations through a trauma-responsive lens.
- Development of a strategic change process that includes mechanisms for continuous improvement and sustainability.

KEY PRINCIPLES OF TRAUMA-RESPONSIVE CULTURE

- **Safety:** ensuring physical and emotional safety
- **Trustworthiness and Transparency**: maximizing trust, making tasks clear, maintaining appropriate boundaries
- **Choice**: prioritizing participant choice and control
- **Collaboration and mutuality**: increase collaboration and sharing power
- **Empowerment**: prioritizing empowerment and skill/strength-building
- **Self-Care:** intentional strategies for workforce wellness

SAMHSA. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Rockville, MD: SAMHSA, 2014.

IMPLEMENTATION DOMAINS

Governance & Leadership

Policies & Procedures

Physical Environment

Engagement & Involvement

Cross Sector Collaboration

Screening, Assessment, Treatment Services

Training & Workforce Development

Progress Monitoring and Quality Assurance

Financing

Evaluation

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach Prepared by SAMHSA's Trauma and Justice Strategic Initiative July 2014

Policies & Procedures

Leadership & Agency Commitment

- Trauma leadership team
- TRC written into agency mission, program descriptions
- People with lived experience have leadership roles

Environment & Safety

- Physical space reviewed for safety
- Physical space is welcoming
- Crisis protocols for participants & staff
- Participant input considered

Policies & Procedures

Workforce Development

- Training for all staff on TRC – how often?
- Appreciation of workforce trauma
- Training on responding to reactivity
- Regular trauma responsive supervision of staff
- Trauma responsiveness part of hiring and performance review process

Services & Service Delivery

- First point of contact is welcoming & engaging
- Policies related to “rules” is reviewed and easy to understand
- Peer support available and offered
- Cross-system collaboration is expected
- Intake forms and processes consider trauma

First Encounter "INTAKE" CHECKLIST

NOTE: Guage the need for **flexibility, compassion and support** over diagnostic assessment and data collection

Access

- ❑ Easy to schedule an appointment
- ❑ Same day appointments available
- ❑ Open/Available evenings and weekends

Reception

- ❑ People are greeted in friendly and courteous manner
- ❑ Registration process is simple (Limit # of forms, offer choice to complete forms at home)
- ❑ Printed information about trauma & healing is available

Environment

- ❑ Space is clean and comfortable (Space between seats)
- ❑ Space reflects community and people served
- ❑ Space communicates hope -"healing is possible"
- ❑ Physical access is well lit and secure

Care Provider

- ❑ Is culturally responsive and trauma informed
- ❑ Assessment process is streamlined, not repetitive
- ❑ Focus on engaging, not form completion

Feedback

- ❑ Trauma Responsivity Surveys are conducted
- ❑ Data is used to measure engagement (e.g. rate of missed appointments)

Screening & Assessment

Things to Keep in Mind

- Provide information about what to expect (Participant Handbook)
- Clarify reason for asking
- Be aware of own emotional responses
- “no need to probe deeply”
- Give control of process
- Self-administered versus interviews
- Allow time
- Interviewers familiar with grounding techniques
- Make use of resilience scales

Trauma-Responsive Culture

Trauma Responsive Culture

- Recognition of high prevalence of trauma
- Service delivery is consistent, transparent, predictable
- Recognition of culture and practices that are re-traumatizing to consumers
- Power/Control minimized- constant attention to culture

Not Trauma Responsive Culture

- Lack of education on trauma prevalence
- Service delivery is inconsistent, idiosyncratic, unpredictable
- Tradition of “toughness” valued as best care approach
- Keys, security, uniforms, staff demeanor, and tone of voice = **POWER**

Trauma Responsive Culture

- Caregivers/Supporters = ***Collaboration***
- Staff understand that violence and conflict arise, most often, due to situational factors
- Understand that all behavior had meaning
- Transparent systems open to outside parties

Not Trauma Responsive Culture

- Rule Enforcers = ***Compliance***
- “Patient- blaming “ is norm
- Behavior seen as intentionally provocative & volitional
- Closed system- advocates discouraged/barred

Trauma Responsive Culture

Meeting the needs of trauma survivors requires that organizations become “trauma-informed & responsive.” This means looking at all aspects of management and programming through a trauma responsive lens, constantly keeping in mind how stressful experiences impact, both, trauma survivors/clients seeking services, and the caregivers who deliver services, at your organization. The goal of trauma responsive care is to return a sense of control and autonomy to the person/survivor

A trauma and resilience informed & responsive organization…

…Increases safety for all

…Improves the social environment in a way that improves relationships for all

…Cares for the caregivers

…Improves the quality of services

…Reduces negative encounters and events

…Creates a community of hope and health

…Increases success and satisfaction at work

Trauma-Responsive Care is a “Value Proposition”

- Reduction in behavioral incidents associated with re-traumatization
- Reduction in staff and client injuries associated with re-traumatization
- Improved workforce satisfaction / Decrease in workforce stress related absenteeism
- Decrease in staff turnover / Improved continuity of care
- Reduction in expense associated with recruitment and basic training / More training dollars available for other best practice implementation
- Improved client satisfaction and engagement
- Decrease in missed appointments
- Decrease in premature “drop out” of care
- Improved health outcomes / Better positioning for value-based contracting

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