



National Council for Community Behavioral Healthcare

Is Your Organization Trauma- Informed?

Cheryl Sharp, MSW, ALWF

Special Advisor for Trauma-Informed Services

Linda Ligenza, LCSW

Clinical Services Director

National Council for Community Behavioral Healthcare



Lessons From the Field: Special Guests

- > Marsha Woodland, Founder, Building Bridges Foundation, Washington, DC
- > Elizabeth Cleek, PsyD, Vice President, Program Design, Evaluation and Systems Implementation, Institute for Community Living, Inc., New York, New York,
- > Chris Copeland, LCSW, Associate Executive Vice President/Chief Program Officer, Institute for Community Living, New York, NY



Lessons or the Field: Special Guests

- > Tara Gunther, PsyD, Psychology Section Chief, Truman Medical Center, Kansas City, MO
- > Kay Glidden, Assistant Regional Director, Region 3, Kearney, NE
- > Reba Smith, MS, Program Manager, Addictions Recovery Center, Medford, OR



Overview

- > Why Are We Talking About Trauma?
- > What Hurts Ad What Helps?
- > What Is Trauma-Informed Care?
- > Lessons From The Field
- > What Can You Do And How Thee National Council Can Help?



What Is Trauma?

- > Definition (*NASMHPD, 2006*)
 - The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters

- > DSM IV-TR (*APA, 2000*)
 - Person's response involves intense fear, horror and helplessness
 - Extreme stress that overwhelms the person's capacity to cope



Trauma By The Numbers

- > Approximately 7.7 million American adults age 18 and older, or about 3.5 percent of people in this age group in a given year, have PTSD
- > 51% of the general population have experienced trauma in childhood
- > 98% of people served by behavioral health have experienced trauma



The Adverse Childhood Experiences (ACE) Study

- > Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- > Over a ten year study involving 17,000 people
- > Looked at effects of adverse childhood experiences (trauma) over the lifespan
- > Largest study ever done on this subject



ACE Study Findings

- > 1 in 6 men have experienced emotional trauma
- > 80% of people in psychiatric hospitals have experienced physical or sexual abuse
- > 66% of people in substance abuse treatment report childhood abuse or neglect
- > 90% of women with alcoholism were sexually abused or suffered severe violence from parents



ACE Study Findings

- > 2/3rd (67%) of all suicide attempts
- > 64% of adult suicide attempts
- > 80% of child/adolescent suicide attempts

Are Attributable to Childhood Adverse Experiences

Women are 3 times as likely as men to attempt suicide over the lifespan.



The Annual Cost: Child Abuse & Neglect

The estimated annual cost of child abuse and neglect in the United States for 2010 is **\$124 billion.** (*www.childhelp.org*)



Therefore.....

We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*.

(Hodas, 2005)



Consumer Perspective: What Hurts and What Helps?

Marsha Woodland, Founder, Building Bridges Foundation

Author of “Doomed To Be Nothing, Destined To Be Something”





Consumer Perspective: Marsha Woodland

- > Independent consultant for over 3 years teaching and educating both private and public organizations nationally
- > Trainings and Workshops
 - Trauma and Recovery
 - Preventing Seclusion and Restraints through Trauma-Informed Practices
 - Creating Trauma Informed Systems of Care
 - Treating Anger & Aggression



Consumer Perspective: Marsha Woodland

What Hurts?

- > When they don't/didn't listen
- > When they used coercive practices in exchange for my cooperation
- > When they treated me the same way every time I had a re-admission
- > When I am excluded from the process
- > When the different service systems I was in, didn't talk to each other
- > When I was not treated with respect & dignity



Consumer Perspective: Marsha Woodland What Helps?

- > When Child Protective Services stepped in
- > When I was shown respect & dignity
- > When a rapport was establish with my helpers
- > When they shared the power with me
- > When they showed me how to, instead of telling me
- > When I was given choices and alternatives



Consumer Perspective: Marsha Woodland

What Helps?

- > When and if I needed different levels of care, it was provided to me
 - When I became depressed after returning to work
 - When and if I needed medication
 - When I felt better and no longer needed medication



Consumer Perspective: Marsha Woodland

What Helps?

- > When Services followed me out into the community
 - Training
 - Employment
 - Recovery Services
 - Parenting Classes
 - Housing
 - Recreational activity
 - Familial support



Is Your Organization Trauma-Informed?

- > Why is it important?
- > What is trauma-informed care?
- > Who benefits?
- > What can we do?



Why is Trauma-Informed Care Important?

- > We might unintentionally cause harm by practices, policies and activities that are insensitive to the needs of our clients
 - Re-traumatizing someone unintentionally is a real possibility

- > Understanding trauma also means recognizing that our personal traumatic experiences or the stress associated with working in human services may impact our emotional and physical well being as well as our work success and satisfaction



How we might unintentionally cause those we serve to relive their trauma: The importance of relationships

WHAT HURTS?

- > Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, judgmental

WHAT HELPS?

- > Interactions that express kindness, patience, reassurance, calm and acceptance and listening
- > Frequent use of words like **PLEASE** and **THANK YOU**



How we might unintentionally cause our clients to relive their trauma: The importance of the physical environment

WHAT HURTS?

- > Congested areas that are noisy
- > Poor signage that is confusing
- > Uncomfortable furniture
- > Separate bathrooms
- > Cold non-inviting colors and paintings/posters on the wall

WHAT HELPS?

- > Treatment and waiting rooms that are comfortable, calming and offers privacy
- > Furniture is clean and comfortable
- > No wrong door philosophy: we are all here to help
- > Integrated bathrooms (clients and staff)
- > Wall coverings, posters/pictures are pleasant and conveys a hopeful positive message



How we may unintentionally cause our clients to relive their trauma: The importance of *policies and procedures*

WHAT HURTS?

- > Rules that always seem to be broken (time to take a second look at these rules)
- > Policies and Procedures that focus on organizational needs rather than on client needs
- > Documentation with minimal involvement of clients
- > Many hoops to go through before a client's needs are met
- > Language and cultural barriers

WHAT HELPS?

- > Sensible and fair rules that are clearly explained (focus more on what you CAN DO rather than what you CAN'T DO)
- > Transparency in documentation and service planning
- > Materials and communication in the person's language
- > Continually seeking feedback from clients about their experience in the program



How we might unintentionally cause our clients to relive their trauma: The importance of our *attitudes and beliefs*

WHAT HURTS?

- > Asking questions that convey the idea that “there is something wrong with the person”
- > Regarding a person’s difficulties only as ***symptoms*** of a mental health, substance use or medical problem

WHAT HELPS?

- > Asking questions for the purpose of understanding what harmful events may contribute to current problems
- > Recognizing that ***symptoms*** may be a person’s way of coping with trauma or are adaptations



What Is Trauma-Informed Care?

- > An appreciation for the high prevalence of traumatic experiences in persons who receive mental health (physical health and substance abuse) services
- > A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual

(Jennings, 2004)



Principles of a Trauma-Informed Care Organization Include?

- > Safe, calm, and secure environment with supportive care
- > System wide understanding of trauma prevalence, impact and trauma-informed care
- > Cultural Competence
- > Consumer voice, choice and advocacy
- > Recovery, consumer-driven and trauma specific services
- > Healing, hopeful, honest and trusting relationships



**Trauma-Informed Care is all about
“changing the culture of an
organization”**



What Can We Do to Promote a Trauma-Informed Organization?

Domain 1. Early Screening and Comprehensive Assessment of Trauma

Developing a respectful screening and assessment process that is routine, competently done and culturally relevant and sensitive and revisited over time



What Can We Do to Promote a Trauma-Informed Organization?

Domain 2. Consumer Driven Care and Services

Involving and engaging people who are or have been recipients of our services to play numerous roles (e.g., paid employee, volunteer, members of decision making committees, peer specialists) and meaningfully participate in planning, implementing and evaluating our improvement efforts



What Can We Do to Promote a Trauma-Informed Organization?

Domain 3. Trauma-Informed, Educated and Responsive Workforce

Increasing the awareness, knowledge and skills of the entire workforce to deliver services that are effective, efficient, timely, respectful and person centered taking into consideration that service providers also have histories of trauma



What Can We Do to Promote a Trauma-Informed Organization?

Domain 4. Provision of Trauma-Informed, Evidence Based and Emerging Best Practices

Increase the awareness, knowledge and skills of the clinical workforce in delivering research informed treatment services designed to address the cognitive, emotional, behavioral, substance use and physical problems associated with trauma



What Can We Do to Promote a Trauma-Informed Organization?

Domain 5. Create a Safe and Secure Environment

Increase the awareness, knowledge and skills of the workforce to create a safe, trusting and healing environment as well as examining and changing policies, procedures and practices that may unintentionally cause distress and may re-traumatize (cause harm) those we serve.



What Can We Do to Promote a Trauma-Informed Organization?

Domain 6. Engage in Community Outreach and Partnership Building

Recognize that the people we serve may be part of and affected by a larger service system including housing, corrections, courts, primary health, emergency care, social services, education and treatment environments such as substance use programs. We have an opportunity to engage and increase the awareness of these other service providers to the principles and practices of trauma-informed care. In this way, our efforts are less likely to be undermined by other parts of the system.



What Can We Do to Promote a Trauma-Informed Organization?

Domain 7. Ongoing Performance Improvement and Evaluation

The organization values a systematic approach to measuring performance on each of the core trauma-informed domains. Data is used to track, measure and analyze performance improvement in order to inform leadership and its core implementation team on areas needing improvement as well as guiding the process of sustainable change.



It Takes Everyone to Make the Difference!

> Every contact with a consumer and with each other will affect us in one of two ways:

1. Contribute to a safe, trusting and healing environment

OR

2. Detract from a safe and trusting environment

> No one working in our organization is unimportant

> We all play a role in assisting our consumers to heal and make progress in their lives

> We all matter when it comes to creating a safe, trusting and healing environment




Who Benefits?

- > A trauma-informed 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, wellness and recovery
 - Increases success and satisfaction at work
 - Promotes organizational wellness
 - Improves the bottom line



Lessons From the Field



Is Your Organization Trauma-Informed?

Domain 1: Early Screening and Comprehensive Assessment

Chris Copeland, LCSW, Associate Executive Vice
President/Chief Program Officer

Elizabeth Cleek, PsyD, VP, Program Design, Evaluation, &
Systems Implementation

Institute For Community Living, Inc.
New York, New York

2012 – 2013 Adoption of Trauma-Informed Care Learning
Community Members



Is Your Organization Trauma-Informed?

Domain 1: Early Screening and Comprehensive Assessment


- > Screening and Assessment Improvements
 - Modified Intake— both Paperwork and Procedurally
 - Developed strategies for identifying and proactively responding to potentially “triggering” events/situations
 - Enhanced Training for all Staff – Intake, Security, etc.
- > Peers Involvement in the Orientation Process
- > Dissemination of Trauma-Informed Care Information
 - Agency Wide
 - Program Specific



Is Your Organization Trauma-Informed?

Domain 1: Early Screening and Comprehensive Assessment

- > **Challenges Addressed** – Creating a Systems Wide Culture Shift
 - OSA and Performance Monitoring Tools are used to Guide the Process
 - Development of Core Implementation Teams at Multiple Levels
 - Program Team was identified as a “Microcosm of the Culture Shift”



Is Your Organization Trauma-Informed?

Domain 1: Early Screening and Comprehensive Assessment

- > **Progress Made** – Movement from Pilot Program Implementation to Agency Wide Implementation
- > **Next Steps:** Continued Rollout



Is Your Organization Trauma-Informed? Domain 3: Trauma-Informed, Educated and Responsive Workforce

Tara Gunther, Psy.D.

Psychology Section Chief

Truman Medical Centers, Kansas City, MO

**2011 – 2012 Adoption of Trauma-Informed Practices
Learning Community Member**



Domain 3: Leadership Communicates Clear and Direct Message to Workforce

- > Steering Committee comprised of all organizational levels of staff
- > TIC in all Behavioral Health Orientation and Nursing Orientation
- > Link on Intranet
- > Reworking job descriptions and developing behavioral interviewing dialogue (in progress)



Domain 3: Emphasis on Active Leadership Participation

- > Our COO of Behavioral Health has taken the message to hospital executive leadership meetings
- > **Leadership** is “walking the walk” with hands on involvement in training, community outreach, etc.
- > BH leaders are expected to carry out action items from self assessment of each department and report progress quarterly



Domain 3: All Staff Training

- > January-March 2012 all BH staff trained in “Trauma Informed Care”
 - Now part of BH orientation for new hires
- > All TMC security staff provided training
- > All nursing staff provided introduction in orientation
- > Pockets of hospital specialty clinics have introductory training
- > BH ED trained and using PC-PTSD Screener with doctoral level psychology intern providing follow up interim services.



Domain 3: Hiring Practices and Job Performance

- > Creating language for our job descriptions and performance reviews
- > Our BH Workforce Development Department is working on Leadership training and behavioral interviewing, including TIC principles



Domain 3: Trauma Specific EBP Workforce Development and Training

- > Launched PTSD Services and recruited clinical psychologist with expertise in Prolonged Exposure and Cognitive Processing Therapy as well as Seeking Safety and DBT skills
- > Trained 18 clinicians in PE and then 17 in CPT (total of 25 trained in one or both). On going consultation to fit VA model of rolling out EBT and competency in practice
- > Groups focused on Seeking Safety, DBT, and psychoeducation about trauma and PTSD



Domain 3: EBP Training, continued

- > Peer Specialist trained WRAP facilitator
- > EMDR—outside training and ongoing consultation. Bringing in expert for additional training in 2013.
- > Training trainers in Mental Health First Aid
- > Futures Child and Adolescent Program using TF-CBT and certified play therapists



Domain 3: Staff Support and Success

- > Staff have self referred to PTSD Services
- > Corporate Wellness
 - Onsite gym, yoga, weight management, wellness coaching
 - Farmer's market
 - Wellness campaigns
- > 4 hour workshop by Joe Robinson in response to BH staff action items emphasis on self care and reduction of burnout
- > Making connections with national figures such as Dr. Andy Blanch



Domain 3: Challenges

- Size of our organization
- Finding standardized way to infiltrate medical side
- Sustainability of TIC Action Plans
- Creating buy-in in difficult units of care (e.g., Hospital Emergency Department)
- Consumer involvement



Domain 3: Next Steps

- Grant opportunities to support training on medical side
- Community TIC efforts



Domain 3: Progress

- > All BH provided initial TIC training
- > Identifying “champions” of TIC
 - Dr. Sullivan who created a 45” learning module for all medical residents and fellows
 - Sleep Clinic
 - Health Home opportunity
 - Standardized screening in the BH Emergency Department
- > Contracted by several other CMHC’s to do training and just completed training with Comprehensive Mental Health Center (10 four hour sessions)



Is Your Organization Trauma-Informed? Domain 5: Create Safe and Secure Environments

Kay Glidden

Assistant Regional Director

Region 3 Behavioral Health Services

Kearney, Nebraska

2011 – 2012 Adoption of Trauma-Informed Practices
Learning Community



Domain 5: Improve Safety and Security in the Physical and Social Environment

> Focus of Our Safety and Security Improvement Area:

- Create a tool to promote and increase safe and welcoming trauma-informed care environments among our provider agencies and system partners**



Practical Strategies to Improve Safety and Security in the Physical and Social Environment

Steps we took to improve safety and security:

- > Created a Regional Trauma-Informed Care Team (RTIC) that developed the TIC Environmental Scanning Tool.
- > Agency representative and consumer from RTIC unfamiliar with the agency conducted a tour & exit interview with staff to provide feedback. Tool is designed for awareness and sharing resources to increase TIC within agency (**not punitive**)
- > Tool we created: TIC Environmental Scanning Tool



Practical Strategies to Improve Safety and Security in the Physical and Social Environment

What we discovered is that we needed the following:

- TIC Information
- Welcome Sign
- Spanish Reading Materials in Reception Area
- Softer Lighting
- Designated Smoking Areas
- Gardens
- Consumer Rights Posted



Practical Strategies to Improve Safety and Security in the Physical and Social Environment

- > What was observed
 - Warm paint colors
 - Comfort rooms
 - Consumer artwork
- > What was the outcome of our efforts?
 - Increased awareness of TIC in agency environments
- > Next steps we are planning based on our experience
 - Tool is always under revision, conduct/compare annually, became part of internal TIC grant application



Addictions Recovery Center

EDUCATION • TREATMENT • COUNSELING

Reba Smith, M.S., Programs Manager

Addictions Recovery Center

Medford, Oregon

2012 – 2013 Adoption of Trauma-Informed
Practices Learning Community Member



Is Your Organization Trauma-Informed?

Domain 6: Building Trauma-Informed Community Partnerships

> Performance Indicators:

- Crafting TIC messaging
- Convening Community Meetings
- Developing TIC marketing materials
- Engaging in TIC marketing activities



Is Your Organization Trauma-Informed? Crafting TIC messaging:

- > First, know your reputation in the community.
- > Second, identify the people in your organization who have the most contact with community collaborators and ensure they know their facts.
- > Third, encourage those people to utilize teachable moments when speaking with community partners.
- > Fourth, encourage ‘messengers’ to know their audience.



Is Your Organization Trauma-Informed? Convening Community Meetings

- > ARC was approached by: LADPC, Co-Occurring Disorders Task Force, local universities and community colleges, Perinatal Task Force, Department of Child Welfare, FQHC
- > Know when to ask for help; appeal to the strengths of the *local community*.
- > The National Council also has unparalleled expertise and a lot of resources.



Is Your Organization Trauma-Informed? Developing TIC Marketing Materials

Addictions Recovery Center, Jackson County Health and Human Services, La Clinica Health Care, and Rogue Community College are pleased to present

Trauma, Its Impact, and Creating a Trauma-Informed Community

Presented by Cheryl S. Sharp, MSW, ALWF
Special Advisor for Trauma-Informed Services
The National Council for Community Behavioral Healthcare

Wednesday, August 22nd

Registration is required and space is limited. \$15/person.

To register, please call 541-326-4903.

Payment will be taken at the door.

CEUs from ACCBO (9) and NASW (6) are currently pending.

RCC/SOU Higher Education Center

Downtown Medford

8:30 a.m. to 4:30 p.m.

Lunch will be provided.

At the conclusion of the day, participants will:

- Learn what trauma is and how it impacts survivors and our community
- Learn the story of a trauma survivor and how she overcame the odds
- Engage in an expert discussion dealing with real case studies from Jackson County
- Learn how to make your agency and our community more trauma-informed

Suggested attendees:

- Treatment court professionals
- Public and private medical health providers
- Law enforcement personnel
- Mental health and addiction professionals





Is Your Organization Trauma-Informed? Engaging in TIC Marketing Activities

- > If your organization has been successful with crafting a message, convening meetings, and developing marketing materials, you will;
- > Hear the ‘trauma’ conversation
- > See your staff grapple with how to treat themselves and clients in a more trauma-informed way



Is Your Organization Trauma-Informed? Engaging in TIC Marketing Activities

- > Feel some relief AND
- > Feel some pressure
 - Every action your agency and its staff takes will be measured against the standard you have set—everything is a marketing activity!

***Safety, Trustworthiness, Choice,
Collaboration, Empowerment***



Is Your Organization Trauma Informed?

> Challenge:

- Agencies believe they are trauma informed if they provide trauma specific services.
 - Continuing conversations about a trauma-informed 'culture' have ensued.

> Challenge:

- Historical understanding of how to treat trauma lends itself to 'throwing the baby out with the bathwater.'
 - There is a lot that you can do 'in the meantime'.

- > Next steps: Vision meeting—County Mission Statement
Learning Collaborative
Trauma 101



**Trauma-Informed Care is all about
“changing the culture of an
organization”**



What Can We Do?

Phases of Change:

1. Role of Leadership
2. Establishing an Infrastructure
3. Organizational Assessment and Planning
4. Buy-In and Implementation
5. Monitoring and Utilizing Data to Measure and Report on Progress



How Can the National Council Help?

- > Assist leadership with defining their role and vision
- > Assist with the establishment of an infrastructure (Core Implementation Team, meeting schedule, agenda, tools)
- > Educate and assist team with using the National Council's Organizational Self Assessment (OSA) Tool to determine "where to begin" and Implementation Planning Guide to establish a plan
- > Provide tools and assistance with gaining buy-in from all levels of the organization and implementing the plan
- > Provide tools to track data and report on progress



http://www.thenationalcouncil.org/cs/behavioral_health_overview



Special Guests Contact Information:

- > Marsha Woodland, Building Bridges Foundation, marsha.woodland@yahoo.com
- > Elizabeth Cleek, elizabeth.cleek@iclinc.net
- > Chris Copeland, ccopeland@iclinc.org
- > Tara Gunther, Tara.Gunther@tmcmcd.org
- > Kay Glidden, Kayglidden@region3.net
- > Reba Smith, RebaS@addictionsrecovery.org



National Council – Trauma-Informed Services Team

Cheryl Sharp, MSW, ALWF, Special Advisor for Trauma-Informed Services

Email: cheryls@thenationalcouncil.org

Phone: 202/684-7457, ext. 254

Linda Ligenza, LCSW, Clinical Services Director

Email: lindal@thenationalcouncil.org

Phone: 202/684-7457, ext. 246