For the trainer:

Please note this slide deck is not a train the trainer presentation with fully developed scripts and exercises. These slides and accompanying notes are offered as suggestions. Slides may be used separate from the slide deck and in a different order than how they are currently presented.

If slides are used, please use the citation below and maintain all original citations found on the slides.

Integration: A New Initiative?

“The body must be treated as a whole and not just a series of parts.”

-Hippocrates, 300 BC

How do we get there from here?

Trauma Informed Care
Whole health & wellness integrated care practices
Recovery & Resilience framework/practice
Family & Community Connections

Care coordination, care management & data driven care

Methods: MI, shared decision making, PST/BA, EBP Wellness
Trauma-Informed Primary Care: Fostering Resilience and Recovery

SAMHSA’s 8 Dimensions of Wellness

- EMOTIONAL
  Coping effectively with life and creating satisfying relationships
- FINANCIAL
  Satisfaction with current and future financial situations
- ENVIRONMENTAL
  Good health by occupying pleasant, stimulating environments that support well-being
- SOCIAL
  Developing a sense of connection, belonging, and a well-developed support system
- INTELLECTUAL
  Recognizing creative abilities and finding ways to expand knowledge and skills
- SPIRITUAL
  Expanding our sense of purpose and meaning in life
- PHYSICAL
  Recognizing the need for physical activity, diet, sleep and nutrition
- OCCUPATIONAL
  Personal satisfaction and enrichment derived from one’s work


Trauma-Informed vs. Trauma-Specific Interventions

- **Trauma-Informed Care**
  - Strengths-based service delivery

- **Trauma-Specific Intervention**
  - Evidence-based and promising prevention, intervention or treatment services that address traumatic stress as well as any co-occurring disorders
What Does Safety Mean?

“A physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

-Sandra L. Bloom,
Creating Sanctuary, 2013
Psychological Safety

“The ability to be safe within oneself, to rely on one’s ability to self-protect and keep oneself out of harm’s way.”

-Bloom, 2013

Social Safety

“The sense of feeling safe with other people... There are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery.”

-Bloom, 2013
Moral Safety

• The never-ending quest for understanding how organizations function in the healing process
• An attempt to reduce the hypocrisy that is present, both explicitly and implicitly
• A morally safe environment struggles with the issues of honesty and integrity

-Bloom, 2013
Trauma-Informed Primary Care: Fostering Resilience and Recovery

Peer Support and Mutual Self-Help

Collaboration and Mutuality
Outcomes of Collaboration and Mutuality

Empowerment, Voice and Choice

Today you are YOU, that is TRUER than true. There is NO ONE alive who is YOULER than YOU!

~ Dr. Seuss

Be who you are and say what you feel because those who mind don’t matter and those who matter don’t mind.

~ Dr. Seuss
Cultural, Historical, and Gender Issues

What Does a Trauma-Informed Organization Include?

- Safe, calm, and secure environment with supportive care
- System-wide understanding of trauma prevalence, impact, and trauma-informed care
- Cultural competence and humility
- Consumer voice, choice and advocacy
- Recovery-oriented, consumer-driven, trauma-specific services
- Healing, hopeful, honest and trusting relationships
SAMHSA’s Four R’s
A program, organization or system that is trauma-informed
• **Realizes** the widespread impact of trauma and understands potential paths for recovery;
• **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
• **Resists** re-traumatization, and
• **Responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
**Trauma-Informed vs. Traditional**

<table>
<thead>
<tr>
<th>Trauma-Informed</th>
<th>Traditional</th>
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<tbody>
<tr>
<td>• Problem symptoms are inter-related responses or coping mechanisms to deal with trauma</td>
<td>• Problem symptoms are discrete and separate</td>
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<tr>
<td>• Shares power/decreases hierarchy</td>
<td>• Hierarchical</td>
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<tr>
<td>• Patient behaviors are viewed as adaptations/ways to get needs met</td>
<td>• Patient behavior is viewed as ‘manipulative’ or ‘working the system’</td>
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<td>• Individuals/families are active experts and partners with service providers</td>
<td>• People providing services are the experts</td>
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<tr>
<td>• Understands providing choice, autonomy and control is central to healing</td>
<td>• Patient is seen as broken, vulnerable and needing protection</td>
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**What are the Benefits of Adopting Trauma-Informed Approaches?**

- Increases safety for all
- Improves the social environment
- Cares for the caregivers
- Improves the quality of services
- Reduces negative encounters and events
- Creates a community of hope, healing and recovery
- Increases success and satisfaction at work
- Promotes organizational wellness
- Improves the bottom line
What Can We Do Next?

What do we need to....
✓ Keep Doing
✓ Stop Doing
✓ Start Doing
✓ Change Doing