



Implementation of Trauma Informed Care

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Welcome

- ▶ Purpose/Hopes:
 - ▶ Share information and resources and
 - ▶ Have time to reflect and work
- ▶ Striving for a Trauma Informed Gathering
 - ▶ Logistics (self care spaces, food, bathrooms)
 - ▶ Care of Self
 - ▶ Room limitations
 - ▶ Feedback
- ▶ Agenda

Agenda

- ▶ Why Implementation

- ▶ OHA Policy

- ▶ Implementation Map

- ▶ Introduce and explore

WORKSHOP: locate your organization on the map

- ▶ Buy-In & Readiness

- ▶ Considerations and examples

WORKSHOP: Developing your elevator speech

- ▶ Process and Infrastructure

- ▶ Considerations and examples

WORKSHOP: Identifying your hotspots & strengths; using TIC standards

- ▶ Conclusion

- ▶ What is your next step

Trauma Informed Care



“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; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**”

(SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>)

Beyond Training: Implementing Trauma Informed Care

- ▶ Providing training and consultation/TA
- ▶ Many program/organization are ready for the next step after training. [motivations]
- ▶ Developed a DIY (Do it yourself) guide to becoming trauma informed.
- ▶ Learning from the different groups that we get to work with.

Oregon Health Authority Trauma Informed Services Policy July 2015

[HTTPS://WWW.OREGON.GOV/OHA/AMH/Trauma-POLICY/Trauma%20POLICY.PDF](https://www.oregon.gov/OHA/AMH/Trauma-Policy/Trauma%20Policy.pdf)



What providers are included?

- ▶ All **behavioral health programs** licensed by Health Systems (formerly AMH), including:
 - ▶ Community Mental Health Programs (CMHPs).
 - ▶ Subcontracted providers of CMHPs.
 - ▶ Other entities receiving behavioral health funding directly or indirectly through Medicaid or state general funds.

What is the Overall Purpose?

- ▶ Ensure that all state and community providers and those who oversee public mental health and addictions services are knowledgeable and:
 - ▶ Informed about the effects of psychological trauma;
 - ▶ Able to assess for the presence of trauma and related challenges;
 - ▶ Able to offer or refer to services that facilitate recovery, both *through trauma informed service delivery* and best or promising practices to promote healing.

Specific Provisions related to TIC

- ▶ **Establish a standard** to provide treatment in a trauma informed manner.
- ▶ **Increase access** to effective and appropriate services for individuals who have experienced trauma.
- ▶ **Mitigate vicarious traumatization** of treatment providers and others working with traumatized individuals.

Shared Responsibility

▶ Providers will:

- ▶ Engage in a clearly outlined process to become trauma informed.
- ▶ Examine existing practices, environment, and treatment approaches.
- ▶ Provide trauma informed care and ensure availability of trauma specific services.
- ▶ Deliver services in a person-centered collaborative process.

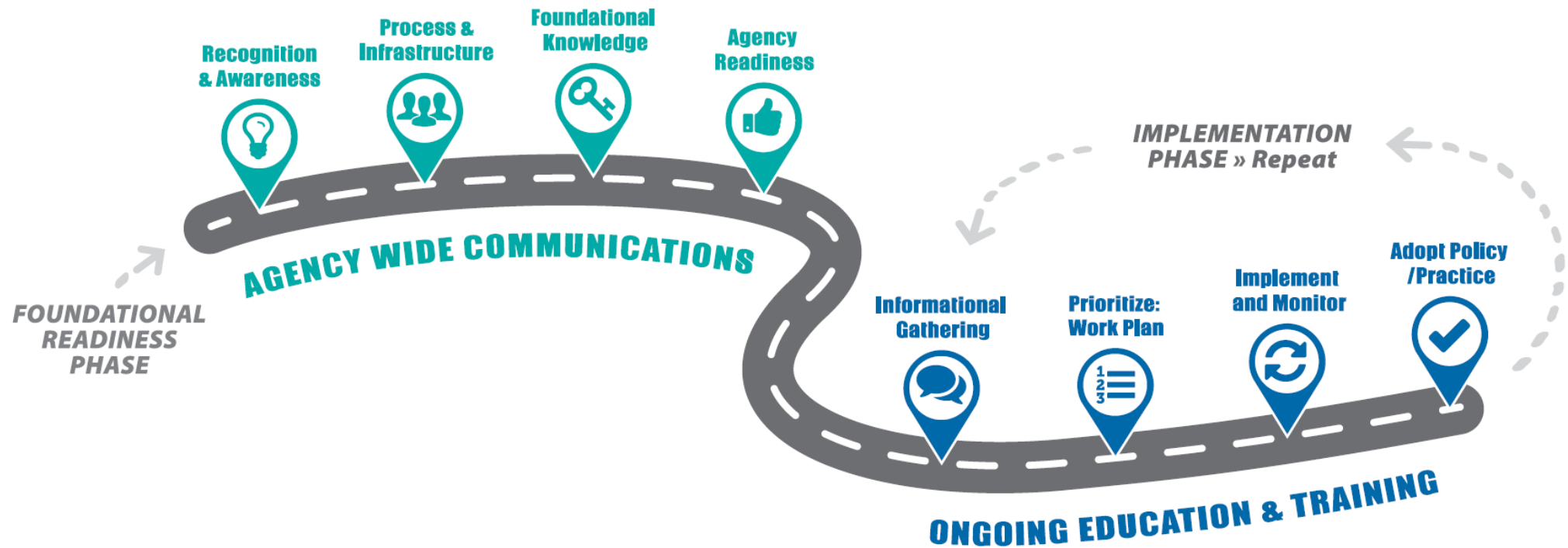
▶ OHA will:

- ▶ Provide educational resources, toolkits and other technical assistance, as available, to agencies, customers, community partners or providers.
- ▶ Share guidelines for behavioral health providers to screen, assess, and treat acute, chronic and complex trauma.

Site visits beginning in July 2016 will include review of progress in meeting policy provisions.

Roadmap to Trauma Informed Care

ROADMAP TO TRAUMA INFORMED CARE



Recognition & Awareness



Organizations need to know about the prevalence of trauma, what TIC is and a belief that it will make a difference.

Foundational Knowledge



Training involving all staff helps form a common language within an organization and demonstrates a commitment to creating a sensitive, safe, and welcoming environment for service recipients and the workforce.

Agency Readiness



Trauma Informed Care (TIC) requires a commitment from agency leaders and staff. Individuals within the organization must believe trauma informed care is needed, appropriate, and possible given the service setting and circumstances.

Process & Infrastructure



Agency leaders and staff must create a process that supports ongoing efforts to integrate a TIC perspective into the agency culture through policies and practice.

Informational Gathering



Agencies use information to identify opportunities for TIC, highlight current trauma informed practices, and measure progress in implementation.

Prioritize: Work Plan



Agencies will prioritize opportunities reflecting their own circumstances and environments.

Implement and Monitor



After gathering information and prioritized needs, organizations need to implement the work plan while simultaneously monitoring the impact. The following considerations can help an organization define this process to fit their mission and population.

Adopt Policy /Practice



Make a change and communicate this to all staff. Might be to create new staff or to modify an existing policy or procedure.

Workshop: Roadmap

- ▶ In groups share where you think your program/organization is according to this map (or where its been).
 - ▶ How have you gotten there?
 - ▶ What has contributed to changes on the map?

- ▶ Where do you think you need to go next?

Workshop: The Elevator Speech

Step 1:

Define Trauma Informed Care. Practice defining TIC.

“Welcome to [insert your organization] we are striving to become a TI organization and that means.....”

Discuss why is it important for your organization/program/agency should strive to be TI.

Step 3:

Discuss what will change as a result of implementing TIC in your program/organization? What are the benefits of striving to be TI?

Building readiness and buy-in

- ▶ Challenges:
 - ▶ Concerned about more work
 - ▶ Think its about trauma therapy – don't understand the difference
 - ▶ Believe they can do it
 - ▶ Acknowledge what they are doing already

- ▶ Hear from Laura Porter

<https://www.youtube.com/watch?v=hupRddaE0tw>

Voices from the Field about Buy-In

- ▶ Having HR involved.
- ▶ Connecting it to other initiatives.
- ▶ Having management involved.
- ▶ Think big - start small.
- ▶ Do something – measure it and report out.
- ▶ Focus on how you are already doing this or strengths.
- ▶ Acknowledging the work.

Implementation Phase

- ▶ Infrastructure
- ▶ Assessment & Planning Process
- ▶ Resources & considerations

Infrastructure: The Workgroup

- ▶ Lead the implementation effort
 - ▶ Gather information
 - ▶ Identify and highlight existing strengths
 - ▶ Identify priorities for change
 - ▶ Brainstorm solutions; propose action steps
 - ▶ Secure buy-in from leadership
 - ▶ Gather feedback on process and progress
- ▶ Keep the topic alive, maintain momentum
 - ▶ Develop expertise and confidence.
 - ▶ Ongoing education, communication with all staff
 - ▶ Individual ambassadors; input and feedback
 - ▶ Ensure multiple and diverse voices are heard

Workgroup Considerations

- ▶ Who should be on the Work Group?
 - ▶ Represent different roles and levels of responsibility/authority
 - ▶ Represent different points of view
- ▶ Who will coordinate, facilitate, document?
- ▶ How will you recruit? Volunteers, appointed, application process?
- ▶ What's the commitment: limited term or ongoing?
- ▶ Do you need/want technical assistance?

More to think about

- ▶ Process versus product
 - ▶ Both are important
 - ▶ Often one can predominate
- ▶ Issues of power and safety
- ▶ Modeling TI practice
 - ▶ In meetings
 - ▶ In the implementation process
- ▶ Accomplishing the work; the time investment
- ▶ Reporting out: how and when
- ▶ Recognizing that culture change takes time

What to do next?

TIO Recommendation: a hybrid approach

- ▶ Using what you already 'know' AND
- ▶ Providing a framework for the bigger picture
- ▶ What you know
 - ▶ Energy in the Workgroup; why folks showed up
 - ▶ From training 'hot spots' identified by all staff
 - ▶ From informal discussions or data gathering
- ▶ Why?
 - ▶ Honors the felt urgency, personal experience
 - ▶ Generates immediate buy-in
 - ▶ Small changes can have a big impact.



Providing a framework for TIC

- ▶ Using a structured process (formal assessment)
 - ▶ Keeping a sense of the whole, a map of TIC
 - ▶ Communicating with leadership, funders, others
 - ▶ Maintaining a commitment to Parallel Process
 - ▶ Balancing workforce experience
 - ▶ Experience of individuals seeking or using services

Starting with what you know

IDENTIFYING STRENGTHS AND CHALLENGES

WHAT'S GOING WELL AND WHAT IS NOT?

Trauma Informed Care

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma

Policies, Procedures and Practices that

Create Safe Context through:

- Physical safety
- Trustworthiness
- Clear and consistent boundaries
- Transparency
- Predictability
- Choice

Restore Power through:

- Choice
- Empowerment
- Strengths perspective
- Skill building

Support Self-Worth through:

- Relationship
- Peer Support
- Collaboration
- Respect
- Compassion
- Mutuality
- Acceptance and Non-judgment

A structured approach

- ▶ Agency wide assessment tools
 - ▶ Community Connections (Creating a Culture of Trauma Informed Care)
 - ▶ Center for Family Homelessness
- ▶ Standards of Practice for TIC
 - ▶ Framework and concrete benchmarks
 - ▶ Meets national guidelines and OHA policy
- ▶ Using the principles of TIC as framework
 - ▶ Safety (physical and emotional)
 - ▶ Power (collaboration, empowerment)
 - ▶ Self-worth (relationship, peer support, strengths perspective)

The Standards of Practice: Background

▶ Why?

- ▶ Challenge of existing assessment tools.
- ▶ Need for common set of benchmarks across agencies .
- ▶ Highlight the progress of early partners.

▶ What and How?

- ▶ Drafted initial 'benchmarks' (observation and TIC framework).
- ▶ Vetted initially with partner agencies.
- ▶ Early in 2015 formed Collaborative Workgroup.
- ▶ Revised and aligned with SAMHSA Guidelines for TIC.
- ▶ Piloted with partners; final revisions.
- ▶ Crosswalk with OHA policy.

Levels of Implementation

- ▶ **Micro level:** the individual experience, where trauma informed care is directly experienced.
 - ▶ Feedback from staff, partners, and individuals seeking or using services. What happened? How did it feel?
- ▶ **Mezzo level:** the structure, infrastructure, commitment and specific action steps at the provider or agency level.
 - ▶ The Standards of Practice for TIC or other tools that can be applied across programs and agencies.
- ▶ **Macro:** the commitment at the policy, funding, and community level.
 - ▶ State agency self-assessment, policy development or support, accountability, investment.

The Standards for TIC

Agency Commitment

- Leadership invested in learning
- Budget for TIC
- Feedback sought and used
- Workforce wellness a priority
- Commitment to equity and diversity

Physical Environment and Safety

- Environmental Scan
- Staff and consumer experience
- Safe Space
- TI crisis protocols in place

Workforce Development

- Training
- Hiring and Onboarding
- Supervision
- HR policies and practices
- Workforce wellness

Service Delivery

- Welcoming environment
- Intake process
- Staff skill set
- Transparent program rules
- TSS services available or referred
- Peer support

Systems Change and Monitoring

- Sustained process for TIC
- Self-assessment
- Communication
- Evaluation, feedback loop

Guidelines for Use

What they are and what they're not

- ▶ Voluntary; intended to support agency planning and communication.
- ▶ May not fit all organizations and settings.
- ▶ Intended to stimulate discussion.
- ▶ Ratings added but may or may not be helpful.
 - ▶ Cannot be compared across agencies.
 - ▶ May not be 'reliable' within agencies.
- ▶ Select Standards that apply; no agency will be doing it all.
- ▶ Options for how to summarize and use Standards.

Most Important

- ▶ Standards don't substitute for hearing directly from staff and those seeking or using services.
 - ▶ **Safety** (emotional and physical)
 - ▶ **Power** (collaboration, choice, empowerment)
 - ▶ **Self-Worth** (relationship, strengths-focus, respect)
- ▶ Feedback sought and used.
- ▶ Supervision, coaching, reflection.

Using the Standards

- ▶ Review Guidelines and read Standards document.
- ▶ Ignore ratings; discuss in workgroup (section by section).
 - ▶ Focus on the how and what.
 - ▶ Select areas to improve or to start.
 - ▶ Use rating to summarize consensus.
- ▶ Survey staff in selected areas.
 - ▶ Use data to prioritize.
- ▶ Communicate back to all-staff, leadership
- ▶ Use to highlight accomplishments, generate buy-in.
- ▶ Recognize that individual personal experience is buried.
 - ▶ Can be mapped onto Standards

Standards Exercise

- 1) How would you respond?
- 2) How would you rate current progress?
- 3) What could your agency/program do next?

Agency Commitment

1g. Workforce Wellness program is in place.

Workforce Development

III f. Hiring Practices

Physical Environment/Safety

II e. Crisis Protocol is in place



RESOURCES TO SUPPORT IMPLEMENTATION:

DEFINITIONS AND EXAMPLES FOR STANDARDS,
CONSIDERATIONS,
TIP SHEETS,
FAQS,
LINKS TO RESOURCES

www.traumainformedoregon.org

What is Next?

- ▶ What is your next step?
- ▶ What do you need to get you there?
 - ▶ Anything from TIO?

THANK YOU!

