Shifting Cultural Paradigms Across a Clinical System: Trauma Informed Care Implementation

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

1. Identify the key strategies to furthering Trauma Informed Care in a primary care setting including training staff, formation of a workgroup, and identifying and addressing hotspots.

2. Describe the role and function of a TIC Workgroup and how to identify and address priority areas for change in a clinic.

3. Describe how Trauma Informed Care can improve staff satisfaction and burnout and patient engagement and satisfaction.
Learning Assessment

• A learning assessment is required for CE credit.
• A question and answer period will be conducted at the end of this presentation.
Where we started...

- OHSU Family Medicine at Richmond
- Portland, Oregon
- Urban Federally Qualified Health Center
- Patient Centered Primary Care Home
- 13,500 patients/140 staff
- Integrated behavioral health
Before we dive in...
Trauma Informed Training

• Creating Safety
  – Inform participants about traumatic material
  – Establish Ground Rules/Guidelines for the training
  – Create Emergency Self-care plans as an activity
  – Provide opportunities for respite from the traumatic material in the workshop.

• Maximizing Opportunities for Choice and Control

• Fostering Connections

• Managing Emotions and Promoting Self-Reflection

Walking the Walk: Modeling Trauma Informed Practice in the Training Environment
By Leslie Lieberman.
http://www.multiplyingconnections.org/sites/default/files/field_attachments/Walking%20the%20Walking%20PDF.pdf
Trauma

- **Trauma** is a wound. This can be a physical or emotional injury.

- **Traumatic experiences** are events (experienced or witnessed) that threaten, are perceived to be threatening, or violate one’s safety, health, and integrity. These experiences can be acute or chronic.
  
  - **Acute traumatic events** are typically single events and initially are accompanied by feeling intense fear and/or helplessness.
  
  - **Chronic traumatic situations** are persistently repeated threats or violations of safety and integrity and are associated with a complex range of emotions potentially including fear, shame, distrust, hopelessness, and numbness.
  
  - Many people experience **complex trauma** which includes multiple traumatic experiences, typically of different types of trauma.
Prevalence of Trauma

• Adverse Childhood Experiences Study (ACES)

• There are 10 types of childhood trauma measured in the ACE Study.

• Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.

• Five are related to other family members: a parent who’s an alcoholic, a mother who’s a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.
Trauma Specific vs. Trauma Informed

Trauma Recovery/Trauma Specific Services
- Reduce symptoms
- Promote healing
- Teach skills
- Psycho-empowerment, mind-body, other modalities.

Trauma Sensitive
- Bring an awareness of trauma into view
- Trauma lens

Trauma Informed Care
- Guide policy, practice, procedure based on understanding of trauma
- Operate under the universal precaution that everyone has experienced trauma
- Corrective emotional experiences
- Parallel process
Trauma Informed Care (TIC)

• Is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

• A program, organization, or system that is trauma informed:
  • **Realizes** the widespread impact of trauma and understand potential paths for recover;
  • **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  • **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** re-traumatization.

Substance Abuse Mental Health Administration (SAMHSA, 2012)
Principles of Trauma Informed Care

- Trauma Awareness
- Safety
- Choice & Empowerment
- Strengths Based

(Hopper, Bassuk, & Olivet, 2010)
Planning

• Get buy-in from the top down.

• Identify a leader!

• Start with training!

• Review standards of care/practice.

• Decide what to measure.

• Introduce the initiative to the clinic.
Adapting Standards to Community Healthcare Settings

• Reviewed Trauma Informed Oregon’s Standards of Practice for Trauma Informed Care
  – Designed for Mental Health Settings
  – Addressing the following areas:

  Organizational Commitment & Endorsement

  Environment and Safety

  Workforce Development

  Services and Service Delivery

  Systems Change & Progress Monitoring

• Made suggestions on how to make more relevant to the healthcare setting.
The Standards of Practice for Trauma Informed Care

Agency Commitment

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

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

Physical Environment and Safety

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

Systems Change and Monitoring

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

The Standards of Practice for Trauma Informed Care

- Promoting Prevention
- Committed to Wellness
Training

• Step 1: Intro to TIC for leadership and then the clinic

• Step 2: 4 hour all clinic training
  
  — What is trauma

  — ACES

  — How trauma affects the brain and body

  — What is secondary trauma

  — What is TIC

• Step 3: De-escalation training

  — MAs, front desk, RNs
Focus on Our Workforce First

• We have a workforce that is under stress. We have a workforce that absorbs the trauma of the patients.

• We have a workforce populated by trauma survivors.

• We have organizations that can be oppressive.

• All of this has an impact
Hot Spots

• Asked at the end of the training for staff to identify hot spots for re-traumatization and toxic stress.

  — Physical Safety.

  — Activating Conditions/Environmental Stressors.

  — Work Pressures/Stressors

  — Emotional Safety, Respect, Value

  — Care of Work Force
TIC Work Group Formation

- LCSW with TIC training as leader
- Rep from each work group
- Meet monthly for 75 minutes over lunch
- In the first couple of meetings...
  - Established group rules
  - Start with appreciations
  - Acknowledge this is hard work
  - Reviewed TIC Standards
  - Started by reviewing the hot spots
Work Group Projects to Address Staff Hot Spots

• Access to filtered water
• Light in bike garage
• Parking lot safety
• Break room environment
• Closing procedures
• Creating a private space to “relax”
• Formation of a Wellness Committee
• De-escalation training
Work Group Projects to Address Patients Hot Spots

- Signage in the clinic (way finding)
- Lobby environment
- Asking to take patients’ weight
- X-ray procedure
Example Resources Offered to Staff

• Email created, for suggestions and comments

• Trauma Informed Communication Tip Sheet

• Staff yoga

• Open forum after national/international tragedies and disasters
Trauma Informed Workplace

- It’s a culture change
- Takes trauma informed communication
- Takes trauma informed leadership
Outcome Metrics and Staff Survey

• Designed a staff survey

• Assessed staff burn out and staff satisfaction

• Results were uplifting and encouraging.

• Our staff enjoyed their work and generally were not as burnt out as we feared.
Themes From the Staff Survey and Clinic Retreat

• Streamline workflows in general to improve efficiency, patient and staff satisfaction

• Increase transparency and communication throughout the clinic including to all staff regarding changes and training, communication at the pod/team level, and communication to patients.

• Create opportunities for staff to be change agents in the clinic through avenues to brainstorm/provide feedback and ideas and opportunities to feel invested in the work we are doing.

• Improve and increase engagement in teamwork across work groups and interdisciplinary pod teams.

• Decrease burnout and fatigue through encouraging and supporting self-care at home and at work.

• Cultivate a clinic environment that is a place of joy and hope.
Proposed Outcomes

• Improved engagement of patients in their health care as indicated by:
  – Reduced rates of no-shows for appointments.
  – Rates of adherence to recommended preventive care screenings (i.e., colorectal)
  – Follow-through on referrals for specialized screenings or tests.
  – Rates of follow through on referrals for specialty care.
  – Adherence to pre- and post-natal care.
  – Improved management of chronic disease
  – Rates of follow through on well-child visits, recommended immunizations, and recommending screenings for pediatric patients.
  – Reduction in non-indicated use of emergency care by clinic patients.

• Improved conditions for the workforce, as indicated by:
  – Increased staff confidence in their knowledge and skills.
  – Increased staff satisfaction
  – Reduced absenteeism
  – Reduced turnover
In the Words of the Workgroup

You need to start with the training and identifying hotspots. It is helpful to have the framework of the standards to guide you. – Erin, Quality Manager

This is about culture change. ---Jessica, TIC Workgroup Leader

It is important to have representation of all roles in the clinic. – Myong, Behavioral Health Provider

It is nice to be part of the change. I have learned new ways to do things in my work. – Terell, Front Desk Staff
In the Words of the Workgroup

Try to think about what changes you can make that are low cost and high impact. – Jessica, TIC Workgroup Leader

This work reduces harm, prevents retraumatization, and creates a better work environment. – Treva, Medical Assistant

People who have a history of trauma don’t engage in medical care as frequently, this makes our clinic a safer place for them to get their care. – Annie, Nurse

This work addresses the quadruple aim. – Myong, Behavioral Health Provider
Lessons Learned

- Commitment from leaders
- All staff training
- Data gathering through hotspots
- Committee formation
- Action
- Changing a culture takes time
- Knowledge is power!
References

Thank You