Trauma Informed: What Does This Mean?

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Objectives

- **Fundamental knowledge:** Know the impact of trauma and the effects on mental health

- **Application:** Establish approaches that are trauma aware/sensitive in your settings

- **Discuss** individual strategies that incorporate knowledge of the effects trauma has on physical being and recovery

Fundamental Knowledge

An event that overwhelms a person's capacity to cope and can elicit intense feelings like fear and hopelessness...

Buffington et al., 2010

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Fundamental Knowledge

- 90% of mental health population have trauma

- 70% of general population have trauma
  (National Council.org)

- 78% of our workers have secondary trauma
  (BJC Behavioral Health data)

- Violent crime victimization among youth is found to be three times higher than adults
  (Finkelhor, 2009)

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Fundamental Knowledge

Fundamental Knowledge

Application of Trauma Informed Approach

What does this look like applied?

- Mental Health population/substance abuse
- General population
- High risk jobs
- Social work
- Kids

Fundamental Knowledge

Application

Acute trauma   Complex trauma

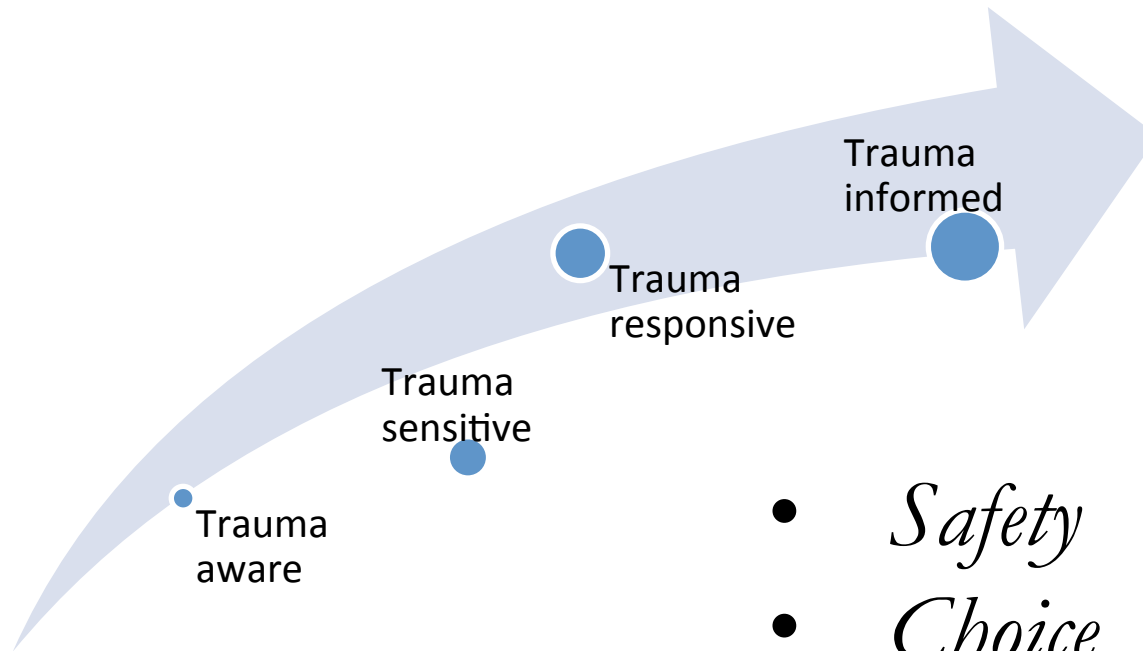Chronic   Transgenerational

Historical   Public
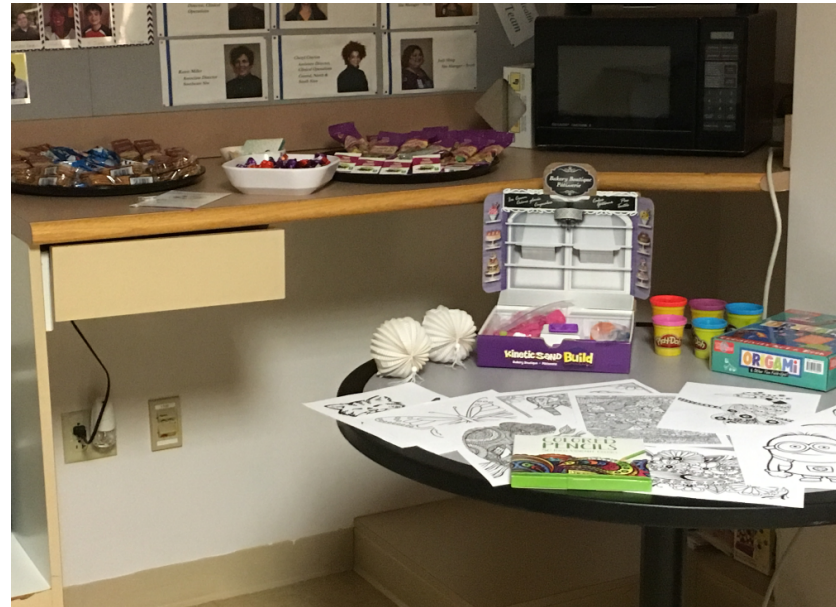
Private

Questions

Application: Trauma Informed

Trauma
informed

Trauma
responsive

Trauma
sensitive

Trauma
aware

- *Safety*
- *Choice*
- *Collaboration*
- *Empowerment*
- *Trustworthy*

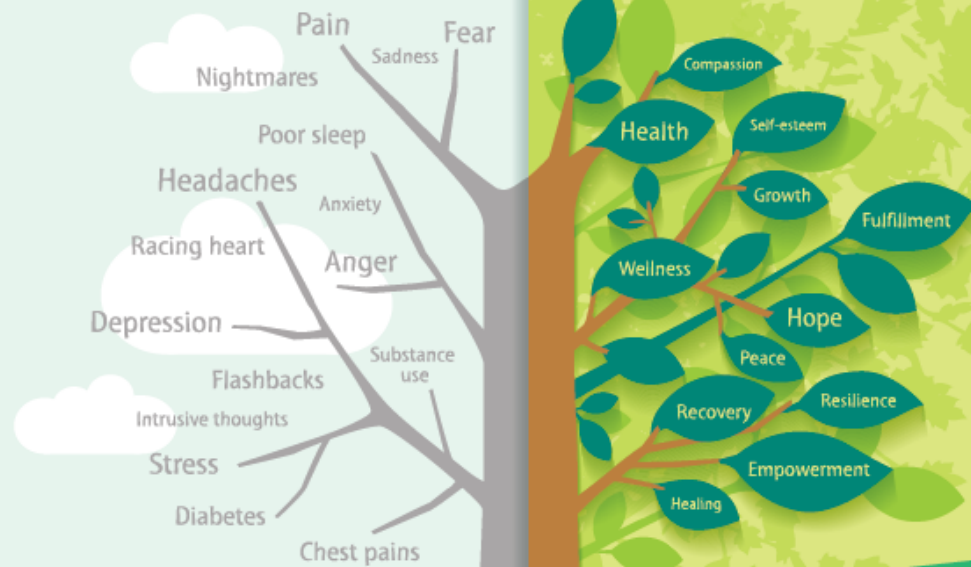| Definition	Processes	Indicators	Where BJC BH Is
Key Task: Knowledge, application, and skill development **Trauma sensitive organizations have begun to:** **1) explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment) within their environment and daily work;** **2) build consensus around the principles;** **3) consider the implications of adopting the principles within the organization; and** **4) prepare for change.**	Values of a trauma-informed approach are processed with staff. Through a self-assessment process, the organization identifies existing strengths, resources and barriers to change as well as practices that are consistent or inconsistent with trauma informed care. Leadership prepares the organization for change and leads a process of reflection to determine readiness for change. The organization begins to identify internal trauma champions and finds ways to hire people who reflect in their attitudes and behavior alignment with the trauma informed principles.	The organization values and prioritizes the trauma lens; a shift in perspective happens. Trauma is identified in the mission statement or other policy documents. Trauma training for all staff is institutionalized, including within new staff orientation. Basic information on trauma is available and visible to both clients and staff, through posters, flyers, handouts, etc. Direct care workers begin to seek out opportunities to learn new trauma skills.	• This is reflected in the small changes departments are owning in their everyday processes with a trauma lens • There are currently 11 departments that have owned adapting an adjustment to their everyday work to improve using a trauma lens • Self-assessment reflected that 78% experienced trauma on the job. 1 out of 3 employees did not feel supported after talking about it. • Self-assessment qualitative data reflected two common threads: "lack of feeling supported by leadership and/or overall functioning of agency" and "wanting more support than a supervisor or EAP – wanting something in the moment" • New staff orientation has been started to include trauma informed orientation to their practices • Best In Class Measures are being added to reflect trauma informed practices in 2016. • Pre-data for base line for best in class measures are currently being gathered. • Ongoing internal trainings are being offered • Outside trainings are always posted or emailed • *The Word Is* articles and education continues to go out • Resources are emailed out and posted on a screen saver • BJC BH has leadership support • BJC BH has one identified leadership champion • Plan being made by trauma team to engage HR

Application: Client

- Engage your consumers

    (sensitive ⇨ responsive phase: collaboration)

- How do you work with clients?

    (awareness ⇨ sensitive phase:

    choice, collaboration, safety)

- How are you educating people within the agency as they approach clients?

    (awareness phase)

Application: Staff Responsive: safety and collaboration

Recovery: Change Surviving into Thriving!

Trauma Informed

- How is trauma impacting this?
- What happened to get to this point?
- Did I ask permission?
- Did I explain why?

Application: Agency Assessment

- **Agency self-assessment for Trauma with clients**
- **53** clients* assessed through self report survey
- **During intake, was staff sensitive in asking about trauma?**
- **58%** said that the way trauma was approached in intake was not difficult for them.
- **10%** responded it was difficult to talk about their trauma at intake.
- 32% DID NOT REPLY OR REPLIED "NEUTRAL"
- **Did intake staff create a safe atmosphere for processing trauma revealed during intake assessment? (Did they feel re-traumatized?)**
- **52%** said processing through the trauma they shared was not upsetting for them during assessment.
- 48% DID NOT REPLY OR REPLIED "NEUTRAL"
- *BOTH ADMITTED AND NOT-ADMITTED CLIENTS WERE SURVEYED

Application: Agency Assessment

- **Agency self-assessment for Secondary Trauma**
- **161** staff self-assessment surveys were collected
- **How many staff experienced secondary trauma at work or as a result of work?**
- **78%** reported they had experienced secondary trauma at work or as a result of work.
- **How supported did staff feel at BJC BH after the secondary trauma?**
- **1 in 3** employees said they did not feel supported after they talked about the trauma they had at work.
- **QUALITATIVE DATA**
- Two themes emerged consistently from comments:
- Lack of feeling supported by leadership or the overall functioning of the organization structure.

- Staff wanted more support than from a supervisor or EAP, something more "in the moment."
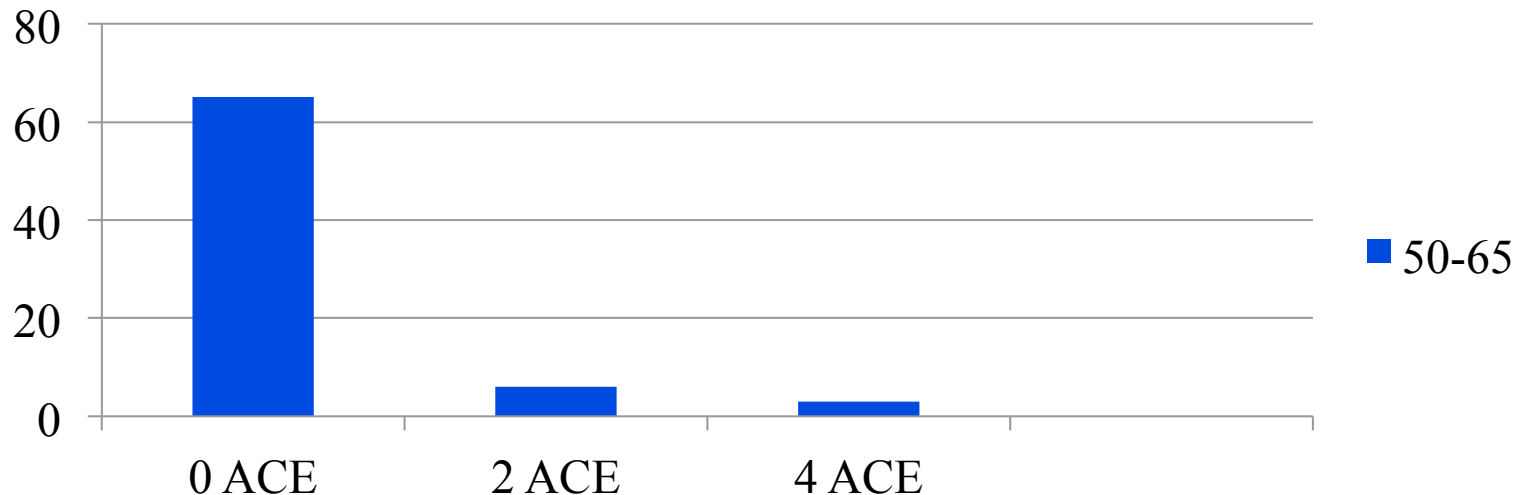
WeCARE!

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Application:
Beyond Symptoms and Recovery

ACES study

63% of the people who participated in the study had experienced at least one category of childhood trauma
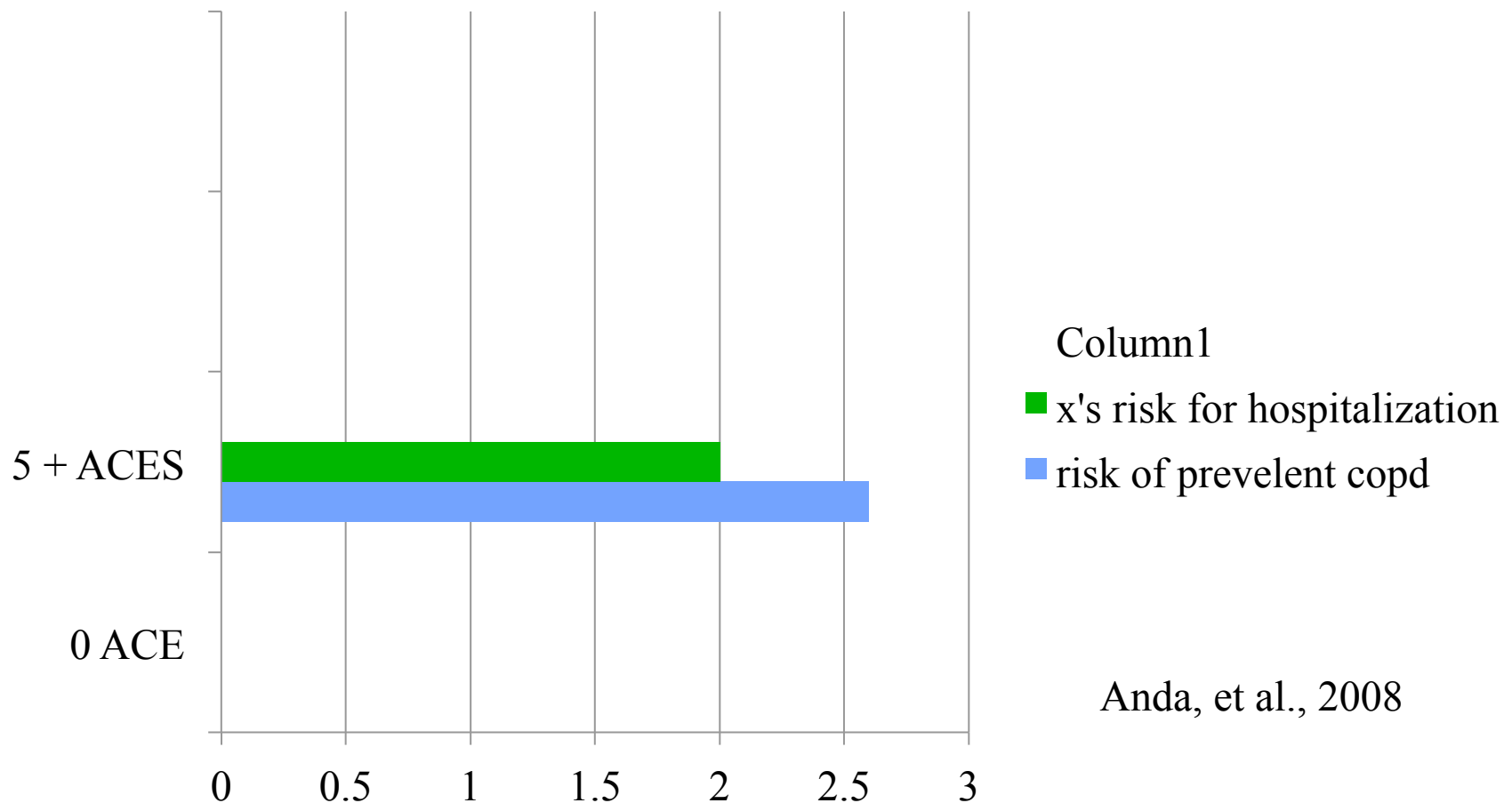
Large Impact: Mortality

50-65

Application:
Beyond Symptoms and Recovery

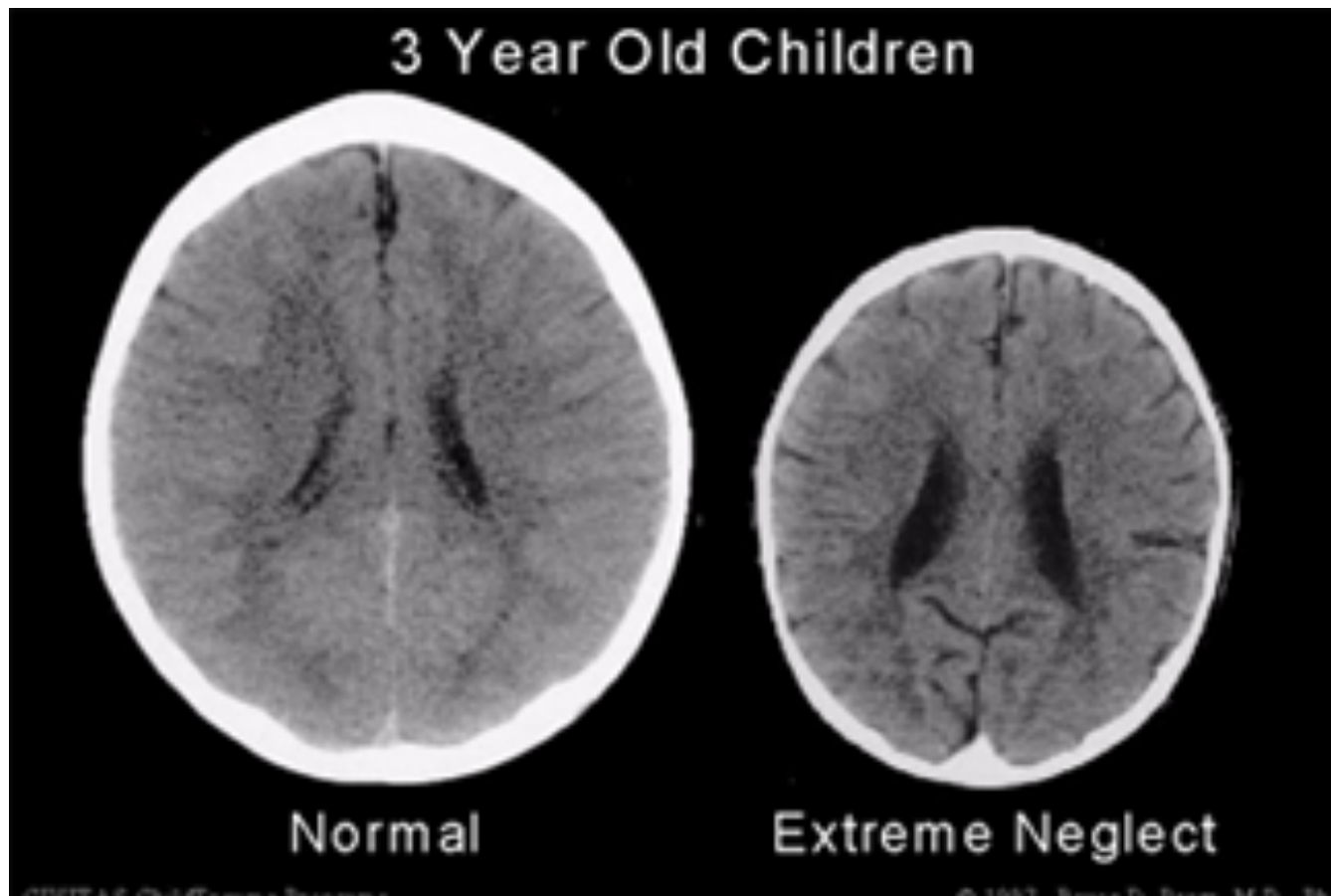*Health Care Home/Health Care Integration*

Column1

■ x's risk for hospitalization

■ risk of prevelent copd

Anda, et al., 2008

Application: Beyond Symptoms and Recovery
Physical effects

3 Year Old Children

Normal   Extreme Neglect

Take Away

- How to apply the fundamental knowledge of the facts about trauma and trauma informed practices
- How to explain and move an agency or system with in trauma informed scales and how to recognize when this is being done
- How to incorporate other impacts of trauma into education that people can use

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Questions

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