National Council for Behavioral Health

Behavioral Health Systems-Baltimore
Trauma-Informed Care Learning Community
Kickoff Webinar

September 9, 2014
Cheryl S. Sharp, MSW, MWT
Senior Advisor for Trauma-Informed Care

Cheryl serves as project coordinator and faculty lead for the National Council’s 2011, 2012 and 2013 Adoption of Trauma-Informed Practices Learning Community as well as BMHS 2013 and 2014 Learning Community. She holds the unique perspective of a person with lived experience both as a family member and as an ex-consumer of services as well as a provider of services. She is a Master WRAP Trainer and serves as an international trainer/consultant for the Copeland Center for Wellness & Recovery, a Mental Health First Aid Trainer®, and a trainer of Intentional Peer Support (Shery Mead). Cheryl has worked with over 400 organizations to support their work in trauma-informed practices.
Karen Johnson, LCSW
Director of Trauma-Informed Services

Karen brings over 19 years of clinical and administrative experience in child welfare and community-based mental health. Karen is also the parent of an adult child with severe and chronic mental health challenges. She is certified in the ChildTrauma Academy’s Neurosequential Model of Therapeutics and has extensive experience in moving her previous organization to become more trauma-informed. Karen spearheaded the development and implementation of housing and supportive services for former foster youth and worked to strengthen systems serving this vulnerable population.
Linda Ligenza, LCSW  
Clinical Services Director

Linda provides consultation and technical assistance to both the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) as well as the National Council trauma initiatives. Ms. Ligenza brings a background and expertise in clinical, administrative and public policy work based on her 30 year career. She worked first with the New York State Office of Mental Health and subsequently with HHS Substance Abuse Mental Health Services Administration (SAMHSA) in their Traumatic Stress Services branch of the Center for Mental Health Services. Ms. Ligenza is also a faculty lead for multiple national learning communities designed to promote a culture of trauma-informed care within a variety of systems and organizational settings.
Welcome and Introductions
What is Trauma and Trauma-Informed Care?
What is a Learning Community (LC)?
LC 2014 – 15 Tentative Schedule
Building Your Team and Assessing Your Organization
Next Steps: Preparing for the Face to Face Meeting
Polling Question 1:
Size of Your Organization

Our organization has:
A) 5 – 25 employees
B) 25 – 50 employees
C) 50 – 100 employees
D) Over 100 employees
What Is Trauma?

Trauma results from the experience of an event, series of events, or circumstances that are physically and/or emotionally harmful or threatening and have lasting adverse effects on a person’s functioning and mental, physical, social, emotional, and/or spiritual well-being.

(SAMHSA Technical Experts)
What Does Trauma Do?

- Everyone reacts differently to a traumatic event: some people are naturally resilient and will bounce back; many will need to learn to be resilient
- Not everyone who has experienced a traumatic event ends up in the MH/SA system; however the majority of those served in the MH/SA system have had a history of trauma
- Using a trauma framework, the effects of trauma can be addressed and a person can go on to lead a productive life
- Symptoms are ADAPTATIONS
Trauma and Childhood

- Trauma insults in utero and early childhood impact development of the brain.
- Trauma shapes a child’s basic beliefs about identity, relationships, world view, and spirituality.
- Trauma can impact a child’s stress and regulatory response systems.
- Providers and caregiving systems can intervene differently to minimize the impact of trauma and maximize recovery when they understand trauma and brain development in children and youth.
Prevalence Of Trauma: Mental Health Population – U.S

• 90% of public mental health consumers have been exposed to trauma
  (Mueser et al., 2004, Mueser et al., 1998)

• Most have multiple experiences of trauma
  (Mueser et al., 2004, Mueser et al., 1998)

• 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experienced this abuse both in childhood and adulthood
  (Goodman et al., 1997)
Prevalence Of Trauma: Substance Abuse Population – U.S.

- Up to two-thirds of men and women in SA treatment report childhood abuse & neglect (SAMHSA CSAT, 2000)

- Study of male veterans in SA inpatient unit
  - 77% exposed to severe childhood trauma
  - 58% history of lifetime PTSD (Triffleman et al., 1995)

- 50% of women in SA treatment have history of rape or incest (Governor's Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)
What Does The Prevalence Data Tell Us?

- The majority of adults and children in psychiatric treatment settings have trauma histories.
- A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety.
Polling Question 2: Adverse Childhood Experiences Study

Our organization has had training on the Adverse Childhood Experiences Study and understand its importance and relevance to working with our population

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<th>None</th>
<th>Some</th>
<th>We know this work quite well</th>
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Contact: Communications@TheNationalCouncil.org
202.684.7457
What is 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
Adverse Childhood Experiences (ACE) Study

Growing up in household with:

> Alcohol or drug user
> Member being imprisoned
> Mentally ill, chronically depressed, or institutionalized member
> Mother being treated violently
> Both biological parents absent
> Emotional or physical abuse
> Recurrent and severe physical abuse
> Recurrent and severe emotional abuse
> Sexual abuse

(Fellitti et al, 1998)
The Relationship Of Childhood Trauma To Adult Health

- Adverse Childhood Events (ACEs) have serious health consequences

- Adoption of health risk behaviors as coping mechanisms
  - Eating disorders, smoking, substance abuse, self harm, sexual promiscuity

- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer

- Early Death  
  *(Felitti et al., 1998)*
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 \textit{trauma-informed}.

\textit{(Hodas, 2005)}
How Trauma Impacts Staff: They Might...

> Have their own traumatic histories, including historical trauma
> Seek to avoid re-experiencing their own emotions
> Respond personally to others’ emotional states
> Perceive behavior as personal threat or provocation rather than as re-enactment
> Perceive client’s simultaneous need for and fear of closeness as a trigger of their own loss, rejection, and anger
A Trauma-Informed Organization Includes

- 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
A Trauma-Informed Organization

- Realizes the prevalence of trauma
- Recognizes the impact of trauma on patients and staff
- Responds by putting this knowledge into practice
- Resists re-traumatization

SAMHSA Technical Experts (2012)
National Council Trauma-Informed Care Domains

Domain 1: Early Screening & Comprehensive Assessment of Trauma
Domain 2: Consumer Driven Care & Services
Domain 3: Trauma-Informed, Educated & Responsive Workforce
Domain 4: Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices
Domain 5: Safe & Secure Environments
Domain 6: Community Outreach & Partnership Building
Domain 7: Ongoing Performance Improvement & Evaluation – Sustainability
WHAT IS A LEARNING COMMUNITY?
What is a Learning Community?

- Group of organizations committed to improving services related to a specific area of quality
- Members communicate regularly to share their experiences and to learn from each other
- A Learning Community Faculty under the National Council Trauma-Informed Care Learning Community provides guidance and support to members of the learning community
Why is a Learning Community Important?

> Builds on the collective knowledge and real world experiences of grantees
> Social networking and shared learning encounters are activating
> Efficient and effective method to support widespread practice improvement
> Ensures that the common and unique concerns, challenges and needs of grantees are addressed
> Addresses needs and questions related to specific areas of work, such as children and youth
How is a Learning Community Organized?

- Participants are organized into two cohorts
- Each cohort has a LC Faculty Lead as a liaison and facilitator
- Each organization identifies a core implementation team who interfaces with their fellow core implementation teams in the Learning Community
- Behavioral Health Systems of Baltimore, Inc. oversees the Trauma-Informed Care Initiative and interfaces with the Core Implementation Teams as needed and with the National Council Trauma-Informed Care Faculty
Learning Community Activities

The following LC activities will be facilitated throughout the duration of this initiative:

- Three Face to Face Learning Community Meetings
- Three Individual Team Consultation Calls
- Two Learning Community Group Calls
- Access to webinars focused on specific trauma-informed care domains as well as up to four customized webinars
- Access to vast array of tools and resources related to each domain
Learning Community Activities

• Ad hoc technical assistance/special interest calls and consultation calls
  ✓ Initiated by LC members and/or the LC faculty to address specific concerns and needs

• List serve communication
  ✓ Learning from others in National Council’s past and current LC teams
  ✓ Sharing “home grown” tools, resources, materials related to TIC
Learning Community Activities

Webinars

> Access to topic specific webinars (60-90 minutes) will address all trauma-informed care domains
> Special interest calls will address LC high priority needs

E-mail Communication

> Grantees contact their LC Faculty with specific questions (see last slide for contact information)
BHSB Tentative Schedule of 2014 – 2015
Learning Community Activities

September
• Orientation Webinar – 9th
• 25th – Face to Face Kickoff Meeting

October
• Webinar 2
• Individual Coaching Calls

December
• Cohort Calls

January
• Webinar 3

February
• PMT Status Report Due
• Face to Face Meeting

March
• Individual Team Calls

April
• Cohort Calls

May
• Webinar 4

June
• Individual Team Calls
• Final Face to Face
• PMT Status Report Due
Role of the Learning Community

CIT Members – That’s You

CIT - That’s You!

> Serve as the key team to access the supports and resources of the Learning Community

> Share experiences, successes, resources and challenges with fellow Core Implementation Team members via list serve, small group calls, special interest calls and webinars

> Attend and participate in webinars. At times a member may be invited to be a webinar presenter

> Meet regularly for a sufficient duration to develop and implement an action plan
Consider organizing a larger oversight group in your respective organization or create smaller sub-groups to address various domains.

Take part in periodic brief evaluations (either individually or as a group) to assess satisfaction and effectiveness of the Learning Community.

Develop a system to complete Performance Monitoring Tool (PMT) and participate in corresponding small group calls.

Questions regarding your role...
Polling Question 3 and 4: Core Implementation Teams

3. We are a small organization with limited staff and are concerned that we will not be able to do this work.
   
   Yes  No  Not Certain

4. We are concerned that we do not have consumers involved at this time to work on our teams.

   Yes  No  Not Certain
Your Oversight Team - BHSB

- Follows your progress through reporting
- Supports your efforts
- Helps you problem solve
- Are your cheerleaders
- Will participate in the face to face meetings
- Might participate in some of your group calls
The Learning Community is Dynamic

The proposed structure, process and content of the Learning Community is a starting point!

The experience, needs and wants of Learning Community members helps to shape how the Learning Community evolves over time!
The Learning Community activities are designed to be manageable, supportive and energy-building.
The Learning Community: What’s In It For You?

> Get emotional support (change is not easy- people have strong feelings associated with complex change)
> Social networking is motivating and enjoyable (having fun is a good thing)
> Designed to address YOUR felt needs
> Get tools, resources and information specific to your work
> Get lots of ideas
> Have others to bounce ideas off of
> Less time figuring out how to address challenges (too much trial and error learning is exhaustive)
> Real time answers to real time questions
TRAUMA-INFORMED CARE  2013 – 2014
LEARNING COMMUNITY ACCOMPLISHMENTS
Does the TIC Learning Community Work?

- Infrastructure Development: 90% of the Core Implementation Teams continued to meet at least monthly to continue the Trauma Improved Care improvement process.

- Screening and Assessment: 75% of members expanded or began to introduce screening processes around trauma since joining the learning community.

- Consumer driven care and services: 50% of members had already hired at least one consumer. 15% of members hired a consumer during their involvement in the learning community. 30% of members engaged or expanded engagement of consumers volunteers since joining the learning community.
Does the TIC Learning Community Work?

Trauma Informed, Educated and Responsive Workforce

Since joining the learning community:

- 42% of participating organizations have included questions related to a candidate’s understanding of Trauma Informed Care during the interview hiring process.
- Over 70% of members have expanded the role of supervisors to promote TIC principles and practices.
- Over 75% of members have implemented formal presentations to their workforce to build awareness and an understanding of trauma informed care.
- 40% of members initiated and/or expanded training of clinical staff on trauma specific evidence based practices.
Does the TIC Learning Community Work?

Trauma Informed, Evidence Based and Emerging Best Practices

➢ Over 90% of members offer clients at least one trauma specific evidence based practice. Since joining the learning community, 25% of members initiated and or expanded their trauma specific treatment offerings to clients.

➢ The supervision of staff and/or peers who are involved in providing trauma specific services is occurring in 70% of the participant organizations. For 20% of the participating organizations, the learning community was instrumental in ensuring that supervision was provided to clinical staff and/or peers involved in providing trauma specific services.
Does the TIC Learning Community Work?

Safe and Secure Environments

➢ 70% of members have made improvement in at least one aspect of the Safe and Secure Environment domain. The areas that have improved the most in this domain is workforce development involving the training of staff to promote crisis management skills in a trauma informed manner as well as training on compassion fatigue.

Community Outreach and Partnership Building

➢ Nearly a third of LC members initiated and/or expanded their engagement of community entities that affect the lives of their clients (e.g., housing programs, local community shelters and other safety net programs, law enforcement, corrections, inpatient/outpatient primary and specialty health care providers, schools and employment programs).
Domains Improved by % of Organizations

Improvements in # of Domains

Percentage of Organizations

Number of domains

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<th>Number of domains</th>
<th>Percentage of Organizations</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
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<td>10%</td>
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<td>6</td>
<td>50%</td>
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• Sensitive screening and assessments
• Consumers engaged and recognized for the value they bring
• Workforces are:
  ✔ Buying in
  ✔ Getting trained
  ✔ Addressing compassion fatigue
  ✔ Being recognized for the hard work they do
  ✔ Working to improve attitudes and behaviors
  ✔ Including peers as an integral part of the workforce
2013 Teams’ Accomplishments

- Organizations are improving clinical practices to include trauma-focused treatments and rethinking practices to make them trauma-informed
- Environments are becoming:
  - Less chaotic
  - More inviting to consumers
  - Safer for staff
  - Seclusion and restraint free
2013 Teams’ Accomplishments

• Building community partnerships by:
  ✓ Making certain that the partners who are also serving the same consumers are engaged and trauma-informed
  ✓ Providing training within their communities
  ✓ Joining coalitions
  ✓ Leading the way as trauma champions
  ✓ Sharing their experiences

• Evaluating and monitoring progress through:
  ✓ Consumer surveys
  ✓ Staff surveys
  ✓ Making certain the trainings they provide reach the mark
  ✓ Using monitoring tools
Learning Communities - All About Relationships!

Life is better in community

Because
BECOMING TRAUMA-INFORMED USING IMPLEMENTATION SCIENCE
Creating Culture Change

- Shifting from Blame, Shame and Stigma to Understanding, Empathy, and Compassion

- Creating a Shared Vision and Comprehensive Approach using TIC

- Guiding the Process of Implementation and Sustainability
John Kotter’s Eight Stages of Change

1) Increase urgency
2) Build guiding teams
3) Get the vision right
4) Communication for buy-in
5) Enable action
6) Create short-term wins
7) Don’t let-up
8) Make it stick

The Heart of Change
BUILD THE RIGHT TEAM
Role of Core Implementation

Leaders and leadership teams who employ research-informed approaches are more likely to activate the organization to support a change initiative

• Critical Challenges:

✓ Communicating for buy in (What is the message? Who delivers the message? How do we know if the workforce understands and values the message? What practical actions can the workforce take that promotes engagement of consumers?)

✓ How does an organization insure that the workforce supports the aims of the TIC initiative?

✓ How does the organization insure key stakeholders understand, value, and act in ways that are likely to support change?

✓ How does the organization utilize internal consumer/peer/family expertise?
Build the Right Team to Sustain Change

Develop an Infrastructure:

> Leadership
> Oversight Team
> Core Implementation Teams
> Planning and Implementation Meetings
> Performance Improvement Process
The Trauma-Informed Core Implementation Team (CIT) Includes:

• Leadership/Program Director
• Clinical Director
• Consumer/Peer/Family Leaders (2)
• Quality Improvement Staff
Now You Want Me to Do What?...
ASK YOURSELF:

Does Our Core and/or Extended Team Include The Full Range Of Participants?

- Our core implementation team and/or extended team is missing participants who could contribute to achieving the aims of the initiative (e.g. executive leadership, consumers, community members, family members)
- Our implementation team involves the key individuals needed to maximize achieving the aims of the trauma-informed care initiative.
Build The Right Team And Extended Leadership Team

- The CIT interfaces with others in the context of the learning community, PLUS, extended oversight/steering committee may include:
  - Key decision makers
  - Committed leadership with responsibility and authority to guide the change process
  - Those affected by the change (add additional consumers/peers/family members)
  - Those expected to carry out the change in day to day activities
  - Those with experience or knowledge related to accomplishing the aims of the TIC initiative
  - Those who can provide needed resources
  - Involves those whose values, interests, beliefs and orientation aligns with the improvement effort (Trauma Champions)
Using the Trauma-Informed Care Organizational Self-Assessment (OSA) in a way that works for you!
Goals of the Organizational Self-Assessment (OSA)

• OSA helps to assess baseline, develop implementation plan and measure progress
• OSA helps answer the question “where do we begin?” (start with a specific program and domain to test efforts)
• Progress spreads to other domains
• Re-assessing, using the OSA, assists members to gauge progress and focus efforts
OSA: Adoption Of Trauma-Informed Care Practices©

- Domain 1: Early Screening & Comprehensive Assessment of Trauma
- Domain 2: Consumer Driven Care & Services
- Domain 3: Trauma-Informed, Educated & Responsive Workforce
- Domain 4: Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices
OSA: Adoption of Trauma-Informed Care Practices

• Domain 5: Safe & Secure Environments
• Domain 6: Community Outreach & Partnership Building
• Domain 7: Ongoing Performance Improvement & Evaluation – Sustainability
NEXT STEPS
Next Steps: Planning for the Face to Face Meeting

• Identify Your Core Implementation Team Members
• Attend the Face to Face Meeting with Your Entire CIT – September 25, 2014 at Humanim
• Think about Assessing Your Organization Using a Trauma-Informed Lens
• Commit to a Performance Improvement Process
Agenda for the Trauma-Informed Care
Face to Face Meeting

AM
• Trauma and Trauma-Informed Care
• Consumer Voice, Choice and Advocacy
• Learning Community as a Vehicle for Change
• The Heart of Change – Building Sustainability

PM
• Organizational Self Assessment
• Performance Monitoring Tool
• Implementation Planning
Checking In With You:
Polling Question 5

In what way is this Trauma-Informed Care Learning Community aligned with your expectations?

A. Exceeds our expectations
B. Meets our expectations
C. Less than what we expected
D. We had no idea what to expect
Checking In With You: Polling Question 6

Describe your previous efforts to become a more Trauma-Informed Organization:

A. We have already been seriously working on becoming a more trauma-informed organization

B. We have already started working in this area to a limited degree

C. This Learning Community is our first real effort
Barriers or Concerns You Might Have?

Questions, Thoughts or Comments?

• Please use the hands raised tool on the right hand side of your screen.
• If you are not speaking, please make sure your speaker is muted.
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Role of the Learning Community Faculty

> Provide educational and logistical support to the members
> Assist participants to apply the principles and practices of continuous quality improvement to achieve goals
> Facilitate cohort calls and individual team calls
> Facilitate access to the full range of resources and trauma-informed care expertise
> Maintain, review and respond to list serve activities
> Assess member needs and provide technical assistance