Trauma-Informed Primary Care Initiative Learning Community

Domain 3: Workforce Development
October 6, 2015
Presenters

Cheryl Sharp, MSW, MWT
Senior Advisor for Trauma-Informed Care
National Council for Behavioral Health

Nick Szubiak, MSW, LCSW
Integrated Health Professional
National Council for Behavioral Health
Presenters

Elisa Nicholas, MD, MSPH
Pediatrician and Chief Executive Officer
The Children’s Clinic

Maria Chandler, MD, MBA
Pediatrician and Chief Operating Officer
The Children’s Clinic
Webinar Outline

• Introduction: Framing the webinar
• Domain standards
• Nick Szubiak
• The Children’s Clinic
  – Dr. Elisa Nicholas
  – Dr. Maria Chandler
• Q & A
• Next Steps
Everyone Matters!

“A community is like a ship, everyone ought to be prepared to take the helm.”

Henrik Ibsen
Why a TIC Educated Workforce?

• Fits with the mission of the organization
• Reduces staff stress and increases staff retention
• Reduces costs
• Improves outcomes
• TIC implementation relies on everyone
Role of Leadership

Ensures that TIC is:
• Part of strategic plan
• Reflected in mission/vision
• Communicated to ALL staff
• Reliant on ALL staff
• Sustained through P & P, mission/vision, website, meeting agenda
• Is about caring for staff and consumers
Domain 3 Connects to all Domains!

Moving forward with

• Screening and assessment
• Engaging the consumer voice
• Creating safe environments
• Collecting and analyzing data

Requires a competent, trauma-informed work force!
Polling Question 1

Leadership has communicated to the entire organization that each and every staff person plays an integral part in our trauma-informed efforts

Yes  No

In the chatbox; please tell us how leadership has engaged staff around the importance of TIC
Polling Question 2

What is one step your organization has taken to increase workforce competencies in one or more areas of trauma-informed care?

Use the chatbox to reply
Polling Question 3

Our organization has made staff self care and organizational wellness an expectation

Yes    No

If yes, in the chat box, please tell us how
Domain 3 Standards

System in place

• To increase the awareness, skills and education of all staff in trauma-informed/sensitive practices

• To train behavioral health and primary care specialists on
  – screening and assessment
  – evidence informed brief individual and group treatment interventions
Domain 3 Standards

System in place

• For patient-centered, shared care planning
• For strong cross system collaboration
• To educate staff about effects of the work
• To address staff wellness
Greetings!

Nick Szubiak, MSW, LCSW

Integrated Health Consultant
TIPCI Learning Community Coach
National Council for Behavioral Health

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TI Workforce Development: Culture Shift – Awareness - Consciousness

“requires creating environments that support the health and wellbeing, not only of persons with mental and substance use conditions......but of the workforce as well”

(Hoge, 2007 p58)
You are the Catalyst

- “Walk the Walk” as a way to “Teach the Talk”
- Power of Influence
- Visibility
- Teaching Opportunity
Secure? Safe? Trauma Informed
What Workforce Wants:

- Reasonable compensation
- Ability to do excellent work
- Professional and personal balance
- Healthy relationships
- Chance to grow
- Sense of meaning

Fabulous Rock Star Bosses
Culture Change

“No one is making you do anything you don’t want. I’m just saying we’re all headed for Dodge City and we think you should come along.”
It’s a Process NOT a Program

Slow/Ongoing – Build Structure

*Change is all about managing the changes*

1. If you read my email
2. As I said in the staff meeting
3. When we discussed the pt
4. If you saw the memo in your box
5. I posted this on the bulletin board
6. Presented in the training
7. When we discussed this in our huddle
8. In supervision

Really????  8 Times??  Really????

Non TIC Behaviors and Practices are Teaching Moments
TIC Supervision

101 Introductory Supervision

- Time
- Safe Place
- Staff feel taken care of
- Explore and reframe

National Council Trauma-Informed Supervision Webinar
What We Did.....

• Admin
• Off Site – Every Department
• Closed the Health Center
• Food
• Marketing
• Sustainability
Take One Thing and Do It!
Let me know how the 1 thing went:

Nick Szubiak, MSW, LCSW

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Trauma-Informed Care Workforce Development at The Children’s Clinic

Elisa Nicholas, MD, MSPH
Chief Executive Officer

Maria Chandler, MD, MBA
Chief Medical Officer

Trauma Informed Care Workforce Development Webinar
October 6, 2015
Everychild Foundation
Bright Beginnings Initiative

Because every child deserves a bright and healthy beginning

The Children’s Clinic
“Serving Children & Their Families”
Domain 3

Workforce Development and Best Practices

• National Council for Behavioral Health (NCBH) Learning Collaborative Participation

• Two-day NCBH Training—Cheryl Sharp, MSW, ALWF and Karen Johnson, MSW, LCSW
  – Training with leadership
  – Training with all staff
  – Meeting with Everychild Bright Beginnings Initiative (EBBI) Advisory Group
  – Post training check-in with all sites

• Ongoing training to new staff
  – Integrated into orientation
  – Community education
Domain 3 (cont.)
Workforce Development and Best Practices

- Clinical Provider Training
  - Recognition of signs and symptoms of trauma

<table>
<thead>
<tr>
<th>Symptom(s)</th>
<th>Function</th>
<th>Central Cause</th>
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<tbody>
<tr>
<td>Difficulty falling asleep</td>
<td>Sleeping</td>
<td>Stimulation of reticular activating system</td>
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<tr>
<td>Difficulty staying asleep</td>
<td></td>
<td></td>
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<tr>
<td>Nightmares</td>
<td></td>
<td></td>
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<tr>
<td>Rapid eating</td>
<td>Eating</td>
<td>Inhibition of satiety center, anxiety</td>
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<td>Lack of satiety</td>
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<td>Food hoarding</td>
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<td>Loss of appetite</td>
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<td>Other eating disorders</td>
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<tr>
<td>Constipation</td>
<td>Toileting</td>
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<td>Encopresis</td>
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<td>Enuresis</td>
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Content source: The American Academy of Pediatrics Trauma Toolkit: The Medical Home Approach to Identifying and Responding to Exposure to Trauma
Domain 3 (cont.)

Workforce Development and Best Practices

• American Academy of Pediatrics (AAP) Toolkit
  – Paid provider staff for time to review
  – Topics Include
    • Adverse Childhood Experiences and the Lifelong Consequences of Trauma
    • Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting
    • The Medical Home Approach to Identifying and Responding to Exposure to Trauma
    • Bring Out the Best in Your Children
    • When Things Aren’t Perfect: Caring for Yourself and Your Children
    • Protecting Physician Wellness: Working With Children Affected by Traumatic Events

• Continuing Medical Education (CME) (i.e. psychiatrists)
  • “The Healing Fields” Symposium on Trauma, Healing and Resiliency featuring psychiatrist Dr. Richard Mollica, Director of the Harvard Program in Refugee Trauma
Domain 4
Safe and Secure Environments

• Physical Safety
  – Implemented friendly, engaged security staff

• Personal and Emotional Safety
  – Ongoing training with staff regarding interactions that promote personal and emotional safety

• Environmental Setting
  – Tea & coffee
  – Renovations at acquired & existing sites
Domain 2
Patient Voice, Choice and Collaboration

- Recognition of relationship between staff morale/satisfaction and patient satisfaction
  - Employee Satisfaction Advocacy Team (ESAT)
  - Staff and patient satisfaction surveys that have integrated assessment of a trauma informed approach
  - Patient voice through consumer board member and EBBI advisory board members
- Recognition that screening of patients sometimes triggers secondary or vicarious trauma in staff
- Addressing issues through an equity and cultural lens in both patients and workforce
  - Special Populations in Long Beach
- Policy & procedures respect patient voice, choice, and collaboration
Domain 1
Early Screening and Comprehensive Assessment

• What Screening Tools & How to Implement

• SCREENING IS NOT THE END ALL, BUT IS A MEANS TO OPEN THE CONVERSATION

• How to help staff engage & open that conversation

• Role of trust & relationship
Domain 1 (cont.)

Early Screening and Comprehensive Assessment

• Challenges Faced Implementing a Trauma-Informed Approach
  – System—who, what, when?
  – Vicarious trauma
  – Discomfort with answers
  – Different personality types or styles
Continuing the Journey
A Trauma-Informed Workforce

- Onboarding—two-hour training
- All staff ongoing training at bimonthly meetings and e-learning
- Stress reduction education/classes
- Supervision/Management Training
- Physician/Resident Education
- Policy & Procedure Revision
- Confirmed that EAP uses Trauma-Informed therapists
- Employee Health Insurance covers mental health
Taking the Trauma-Informed Approach to Workforce Beyond our Doors

• Changing the lens of the community
  – Instead of asking “What’s wrong with you?” ask “What happened to you?”

• Touching those who work with children and families
  – City Agencies
  – School District
  – Law Enforcement
  – Department of Child & Family Services
  – Health Department
  – Community Physicians
  – Community-Based Organizations
  – Faith-Based Organizations

• Goal: Trauma-Informed City
Q&A
Next Steps

• PMT and Bi-Monthly Report Submission
  – Due October 13, 2015

• Coaching calls
  – November (various dates and times)

• Cohort calls
  – December 11 (various times)

• Next webinar: Safe & Secure Environments
  – December 15, 3-4 PM EST (12-1 PM PST)

• Summit travel instructions coming soon!
Data Polling Question 1

Our CIT has addressed the role of primary care for early screening and comprehensive assessment.

a) Our CIT has been unable to address this
b) Our CIT is beginning to address this
c) Our CIT is in the process of addressing this
d) Our CIT has addressed this
e) Not applicable/I do not know
Data Polling Question 2

Indicate the primary formal/informal workforce development training that has been most effective in helping staff at your agency understand trauma-sensitive practice since the start of TIPCI.

a) Conferences or workshops
b) Team huddles or team meetings
c) Cross discipline training
d) Online training
e) Other
Data Polling Question 3

Our CIT has addressed the role of the environment (e.g., safety, comfort, security) in the primary care setting. (For example, staff recognize their role in providing safety; staff are able to identify and address environmental concerns that may affect patients).

a) Our CIT has been **unable** to address this
b) Our CIT is **beginning** to address this
c) Our CIT is in the **process** of addressing this
d) Our CIT **has addressed** this
e) Not applicable/I do not know
Data Polling Question 4

Our CIT has in place policies and procedures to address staff wellness (e.g., compassion fatigue, secondary traumatization, burnout).

a) Our CIT has been **unable** to address this
b) Our CIT is **beginning** to address this
c) Our CIT is in the **process** of addressing this
d) Our CIT has addressed this
e) Not applicable/I do not know