Adopting Trauma-Informed Care: Developing Our Workforce

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SAMHSA-HRSA Center for Integrated Health Solutions

Setting the Stage: Today’s Moderator

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Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov
Under About Us/Innovation Communities 2018

To participate

Use the chat box to communicate with other attendees
Look for updates from trauma_informed_care_ic@nationalcouncilcommunities.org

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).
Setting the Stage: Today’s Moderator

Linda Ligenza
Faculty Lead
SAMHSA-HRSA Center for Integrated Health Solutions

Setting the Stage: Today’s Moderator

Anthony Salerno
Subject Matter Expert
SAMHSA-HRSA Center for Integrated Health Solutions
Agenda

- Why is educating and supporting your workforce important?
- Key elements of workforce development
- One organization’s journey
- Questions
- Resources
- Next Steps

Poll Question

What best describes your current plans related to workforce development?

1. We have definitely selected this domain area for our focus
2. We are likely to address this domain but not definite
3. We are more likely to focus on other domains
4. We have not decided what domain to focus on
**Why Is Educating and Supporting Your Workforce Important?**

- Adoption of TIC always begins with getting buy-in from all staff through education
- A trauma-informed culture is about both staff and patient care
- This paradigm shift requires the full participation of every staff person
- A workforce that feels supported is better able to care for patients
- When staff feel supported and competent, they experience less stress and burnout
- Adopting trauma-informed approaches can lead to improved patient health outcomes and greater satisfaction with care
- Improved health outcomes can lead to greater staff satisfaction

**Key Elements**

- Role of Leadership
- Staff Education and Training
- Hiring Practices
- Performance Reviews
- Staff Competencies
- Staff Care
- Support Staff
- Supervisory Staff
Leadership

The organization’s leadership communicates a clear and direct message that the organization is committed to creating a trauma-informed system of care and that every employee is critically important in accomplishing this mission.

This message is communicated through all of the following: Strategic plan, job advertisements, new employee orientation, job descriptions, employee handbook, supervision, staff development, and the organization’s website.

Leadership

The organization places a high emphasis on the active participation and buy-in of senior leadership in all trauma-informed care efforts.

Examples: Senior leadership play a key role in trauma related committees, workgroups, learning collaborative. Senior leadership communicate through meetings, presentations, email and other forms of communication the organizations commitment to trauma-informed care.
Leadership

• Seeks out opportunities to promote TIC

• TIC is standing agenda item at key senior leadership and other meetings

• Attends and supports training efforts

• Uses case conferences and other client related meetings to raise and discuss trauma issues

• Shares trauma related resources and tools with staff

Staff Education and Training

All staff (administrators/superiors, practitioners, employed consumers, and support staff) in the organization are educated about what it means to be a trauma-informed organization, why it’s important, and how every person in the organization plays a role in creating a safe, trusting “healing” environment.
Hiring Practices

- Hiring practices (advertisements for new staff, job descriptions, and consumer involvement in hiring decisions) indicate that candidates who have training and experience in trauma-related interventions and services are highly valued and preferred.

- Insures consumer involvement on hiring panels and decision-making process.

- Interview questions include those related to trauma and trauma-informed care.

- Job descriptions include references to knowledge and skills related to trauma and trauma-informed care.

Performance Reviews

- Staff performance reviews clearly describe staff expectations and behaviors that are aligned with trauma-informed care principles.

- Consider behaviors that are/are not in keeping with trauma-informed values, principles, and goals.

- Emphasize and reflect findings and results of consumer and staff satisfaction surveys.

- Satisfaction surveys rate each department and asks about the quality of staff interactions. These findings are reflected in staff performance reviews.
Supervisors and practitioners receive training in trauma-specific, evidence-based, and emerging best practices on an ongoing basis. The organization ensures that supervisors and practitioners are supported in further developing their trauma-informed care competencies; including having access to tools and resources such as curriculum-based materials and practice guidelines.

- Examples: clinical reviews, in service training and supervision include core competencies in trauma-specific services.

- Make tools, resources, and materials easily accessible

### Staff Competencies

- Supervision
- An Employee Assistance Program (EAP) or similar program
- Training to increase confidence and competence in one’s job performance
- Education to increase awareness about the impact of stress on work performance and to develop personally meaningful and useful stress management strategies
Support Staff

• Support staff receive ongoing training, performance evaluations, and supervisory assistance in integrating trauma-informed care principles in their work. Supervisors clearly demonstrate and reinforce that all staff have a role in creating a trauma-informed care environment.
  • Examples: Department heads/supervisors of support staff have this role included in their performance expectations. They are also included in trauma-related committees and workgroups.

Supervisory Staff

• Promote information and training regarding trauma and trauma-informed care on an ongoing basis.

• Have clear understanding of their role in promoting the values and principles of TIC within and outside the organization.

• Utilize staff meetings and other venues to discuss questions, concerns, issues related to their work, and how they may improve their performance.

• Have opportunities and mechanisms available to help reduce stress.
We All Matter

- Every contact with a client and with each other will affect us in one of two ways:
  - Contribute to a safe and trusting healing environment
  - OR
  - Detract from a safe and trusting environment
- No one working for _______________ is unimportant
- We all play a role in assisting our clients to make progress in their lives
- We all matter when it comes to creating a safe, trusting and healing environment

Bread for the City Staff

Tracy Knight, LICSW
NW Social Services Director

Tracy Knight has led Bread for the City’s Northwest Social Services program since 2002. She is responsible for the overall operations of our Behavioral Health services, Housing Access Program, Representative Payee Program, SOAR SSI application assistance program, MSW student training program, and our NW Center’s generalist social work practice.

Tracy leads our agency TIC implementation team and is active in the DC social services and behavioral health community, where she currently serves as the Vice President of the DC Behavioral Health Association. She serves on the advisory board of DC PACT, and she represents Bread for the City as a board member and officer of the Clinically Integrated Network. Each of these groups work to improve the health outcomes and social needs of DC residents.

Tracy also serves as a consultant for the National Council for Behavioral Health and works as part of their national Practice Transformation Team, which is tasked with creating a trauma-informed change package for primary care practices. She received her MSW from the University of Pennsylvania.

Ali Jost, LICSW
Integrated Behavioral Health Manager

Ali Jost leads Bread for the City’s Behavioral Health Integration program, which provides patient-centered and trauma-informed behavioral health assessments and interventions to more than 600 medical patients annually as part of their primary care experience. Ali alternates between working as a therapist, supervising a team of behavioral health clinicians and care coordinators, and providing training and coaching.

Ali represents Bread for the City in national gatherings on trauma-informed approaches to health care; and she has been a major driver in helping the agency build a trauma-informed and racially equitable culture for staff and consumers.

Ali comes to BFTC with more than 10 years of experience as a bilingual (English/Spanish) trauma therapist, trainer and behavioral health coach, and 18 years of experience working for progressive community-based and national advocacy organizations seeking immigrant rights, racial equity and economic justice. Ali received her MSW from Smith Graduate School for Social Work.
The mission of Bread for the City is to help Washington, DC residents living with low income to develop the power to determine the future of their own communities. We provide food, clothing, medical care, and legal and social services to reduce the burden of poverty. We seek justice through community organizing and public advocacy. We work to uproot racism, a major cause of poverty. We are committed to treating our clients with the dignity and respect that all people deserve.

At Bread for the City, we share a vision of Washington, DC as a nurturing community, where all residents have access to the basic material resources they need for survival and growth, and the prosperity of their social, emotional, and spiritual lives.

How We Began

Trauma Informed Care: Building on a Culture of Dignity and Respect

History, Accomplishments and Future Goals

2014-2015

Preparing & Beginning
When the idea was just forming...

Jan, 2014 - All Staff Vicarious Trauma Training by Prof. Dombo
Dec, 2014 - BFTC Joins first meeting of Trauma Free DC
Apr, 2015 - BFTC applies for Kaiser/Nat. Council for Behavioral Health Trauma Informed Care Learning Community (TIPCI)
Staff Education

Gathering Info & Education

What we have learned so far...

Apr, 2015 to Mar, 2016 - BFTC Medical Participates in TIPCI Learning Community (ACEs, Seeking Safety, Cohort Screened...)
May, 2015 - BFTC Co-Sponsors Trauma Stewardship Training by Laura van Dernoot Lipsky (1/2 of staff attend)
Sep, 2015 - BFTC Legal Training on Trauma's Impact on Clients

Moving Into Action

Setting Priorities and Moving to Action

2016-2017

Getting Ready to Act...

Jan-Apr, 2016 - Front Desk Staff, Social Services NW/SE, Medical Staff & Admin Staff Trained on Trauma and TIC
May, 2016 - Director Team Agrees to make TIC an agency-wide effort
May-Sep, 2016 - SW NW and Legal NW/SE sign up for self care challenge

Nov, 2016 - staff convene for first TIC work group
Dec, 2016 - BFTC Reenforces Trauma-Free DC Group
Jan, 2017 - Legal Clinic pilots an appointment system in response to client feedback and to increase choice
Apr, 2017 - TIC Committee conducts client focus groups, develops first agency-wide self care calendar
May, 2017 - First All Staff Trauma & TIC Training
Key TIC Tools and Practices

- Integrate education w/ org-wide administration
  - Orientation, HR Training, All Staff Meetings, hiring practices, trainings
- Build TIC committee w/ diverse staff
  - TIC committee is the engine of trainings and ongoing promoter of the trauma lens; diversity of power, staff roles, departments, racial/ethnic/gender etc
- Mix in team building, hot spot exercise, & self care with varied educational opportunities
  - TIC Box of goodies, Healing Room, weekly meditation/grounding, annual picnic/self care day
- Hold monthly lunch n’ learns, emails
  - Historic trauma, building resiliency, self-care during org change
- Pop into department meetings
  - 5 min “resiliency chats,” self-care challenges, case discussions

Hot Spots Exercise

<table>
<thead>
<tr>
<th>HOTSPOTS FOR RETRAUMATIZATION FOR CLIENTS</th>
<th>IS THERE A REASON WE DO THIS?</th>
<th>IS THIS RELATED TO SAFETY, POWER, VALUE, OR A COMBINATION?</th>
<th>IDEAS TO BE LESS RETRAUMATIZING?</th>
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<tbody>
<tr>
<td>Hearing their name yelled loudly across the waiting room</td>
<td>Need to call the person back for services and it’s often loud in the waiting area</td>
<td>Safety- maybe their name has been yelled at them in aggression or violence in the past</td>
<td>Have provider w/relationship say name and make eye contact to invite Pt. back</td>
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<tr>
<td>Waiting for intake as a “walk-in” instead of being able to make an apt</td>
<td>Staffing-- Volume of clients who need intakes.</td>
<td>Value- client’s time is not valued with potential long waits.</td>
<td>Offer both walk-in and appt. for new intakes through the week</td>
</tr>
<tr>
<td>Receiving mail stamped URGENT: must open immediately</td>
<td>To call attention and ensure people receive info</td>
<td>Power - maybe recipient has been exploited for $ or is in debt and is afraid</td>
<td>Change the language of the message</td>
</tr>
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Staff satisfaction survey includes TIC and self-care questions

Parallel process of caring for staff as we care for clients: we all shift from thinking what is wrong with you to what happened to you

TIC Committee is developing a supervision toolkit to help supervisors and supervisees improve their trauma lens, better manage vicarious trauma, and link performance reviews to specific TIC goals

Leadership is being asked to link raises and performance reviews to TIC goals to address workload imbalances/bottlenecks

TIC education requires a collaborative, team approach (supervisors trained w/support staff)

Front-line staff empowered to identify “hot spots” and TIC reforms

Agency leadership must remove barriers and create resources (i.e., higher pay for support staff, breaks for front-line staff, more collaborative supervision)

Job descriptions reflect TIC goals/requirements
Self-Care TenTenTensiontensionCONVERSATION

- Self-care within the context of TIC is taking care of ourselves so that we can take the best care of our patients
- Lean into the tension of staff self-care with the TIC lens and keep the conversation open and ongoing (weave TIC and self-care check-ins to department meetings, supervisions, all-staff meetings)
- Vicarious trauma is not solely a worker's problem. Organizational culture, workload, group support, supervision/education, and physical environment are important (break rooms, time away from direct service work, group supervision)
- Make self-care part of the DNA of your organization (mandatory self care days off, all-staff self-care focused meetings)

Big Take-Aways and Keeping the Momentum

- Just begin
  - Staff education felt like the easiest place to begin - and you can also use it to recruit for members of your TIC team
- Lean into the tension and keep the conversation open
  - i.e. self-care is ongoing struggle for us
- Build a diverse team of dedicated TIC leaders
  - Our monthly work group keeps the engine running and the lens growing
- Align w/organization-wide strategic plan and goals
  - Integrating our work with organizational change and staff satisfaction goals, linking work w/ org mission of dignity - enabled success
- Empower staff to drive specific change
  - Medical front desk designed the way tokens are distributed to clients, development team changed mailing practices, case manager brought drawing materials for waiting areas
A Few of Our Future Goals

- Supervision toolkit
- Supervisor training/tools/resources
- Standard TIC language questions in all job descriptions and hiring interviews
- Explore historical trauma - especially the intersection between trauma-informed care and racial equity
- Trauma-informed care in the city

Q & A
What is the most important take-away message from this webinar?

Let’s Chat

- TIC Teams – should be meeting regularly
- OSA – should be completed and submitted
- Work Plan/SMART Goals – should be completed, submitted and implementation started
- Coaching Calls – in progress

Next Steps

- Next Webinar – March 23rd; Creating Safety and Satisfaction with Care: The Primary Care Visit with Sadie Elisseou (Brown University)
Resources

Posters/Infographics to engage staff and patients:
- There is Hope Beyond Hurt
- Why Trauma Matters in Primary Care

Training Slides & Tools for staff:
- Bread for the City all day slide deck (please feel free to edit and use)
- Hot Spots worksheet (adapted from Trauma Informed Oregon - a fantastic resource with tools)
- Training Staff Survey

Videos to engage staff and patients:
- How Childhood Trauma Affects Health Across A Lifetime, Dr. Nadine Burke Harris
- Beyond the Cliff, Laura van Dernoot Lipsky
- Treating Childhood Trauma, Oprah Winfrey

Books to engage and support staff and patients:
- The Body Keeps the Score
- Trauma Stewardship

CIHS News and Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

Free consultation on any integration-related topic!
SAMHSA-HRSA Center for Integrated Health Solutions

WHO WE ARE

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health, the unifying voice of America’s healthcare organizations that deliver mental health and addictions treatment and services.

Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

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