Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** https://dhswi.zoomgov.com/j/1606358142
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
  - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- Download or view the presentation materials. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2023.htm

Trauma-Informed Care: It's All About Connection

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February 23, 2023

WISCONSIN DEPARTMENT of HEALTH SERVICES

Division of Care and Treatment Services
Bureau of Prevention Treatment and Recovery

Agenda

- Welcome and introductions
- Brief ACEs overview
- Trauma review
- The traumatized workplace
- Trauma-informed care
- Six values of trauma-informed care
- Wrap up and questions

“Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.”

- Peter Levine, Ph.D.

What we know…

We need each other.

We need each other

Corrective emotional experiences are powerful change agents

- A relationship with a key significant other who responds differently than the traumatizing person
- Develops trust in the constancy
- Very accepting

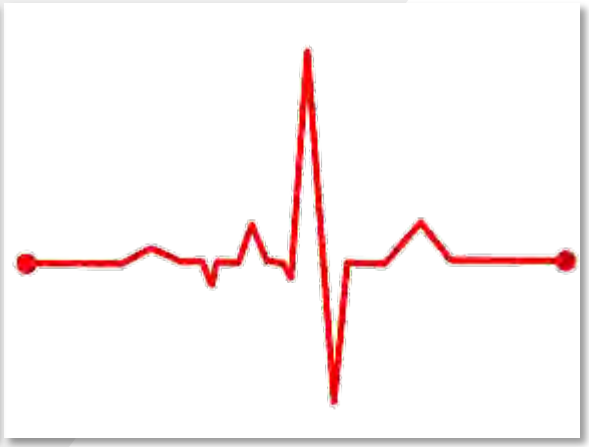
(Monica N. Starkman, M.D. 2017)
https://www.psychologytoday.com/us/blog/call/201703/when-childhood-trauma-meets-healing-relationships

Adverse childhood experiences

- Are common
- Are passed generation-to-generation
- Have a cumulative effect
- Are NOT destiny

ACEs fast facts

Source: Centers for Disease Control and Prevention



1 in 6

Adults experienced four or more types of ACEs

5 of 10

At least 5 of the top 10 leading causes of death are associated with ACEs

44%

Preventing ACEs could reduce the number of adults with depression by as much as 44%

Framing the issue

Nationally

- 16 percent of the U.S. adult population report four or more ACEs
- 209,128,094 people 18+ years of age
- 16 percent of 209,128,094 is…

33,128,095 people

Sources: Centers for Disease Control and Prevention, 2019

Wisconsin

- Approximately16 percent of Wisconsin adult population report four or more ACEs
- 2020 census: 4,631,508 people 18+ years of age
- 16 percent of 4,631,508 is…

741,041 people

Sources: 2015-2018 Behavioral Risk Factor Survey
U.S. Census Bureau, 2020

Four or more ACEs = Tipping point

Compared to people with no ACEs, those with an ACE score of four or greater have increased risks for:

- Chronic obstructive pulmonary disease: 390% greater risk
- Sexually transmitted infections: 240% greater risk
- Smoking: Twice as likely
- Cancer: Twice as likely
- Heart disease: Twice as likely
- Suicide attempts: 12 times more likely
- Alcoholism: Seven times more likely
- Injecting street drugs: Ten times more likely

Source: Centers for Disease Control and Prevention, 2012

Trauma Defined

Trauma

- A wound
- More about the reaction than the event
- Subjective
- Disease of disconnection (Judith Herman, MD)
- An experience laid down in **sensations**
  - Flashbacks just as horrifying as the original trauma
- Lives in the body (Our organs weep the tears our eyes cannot shed)
- Affects relationships

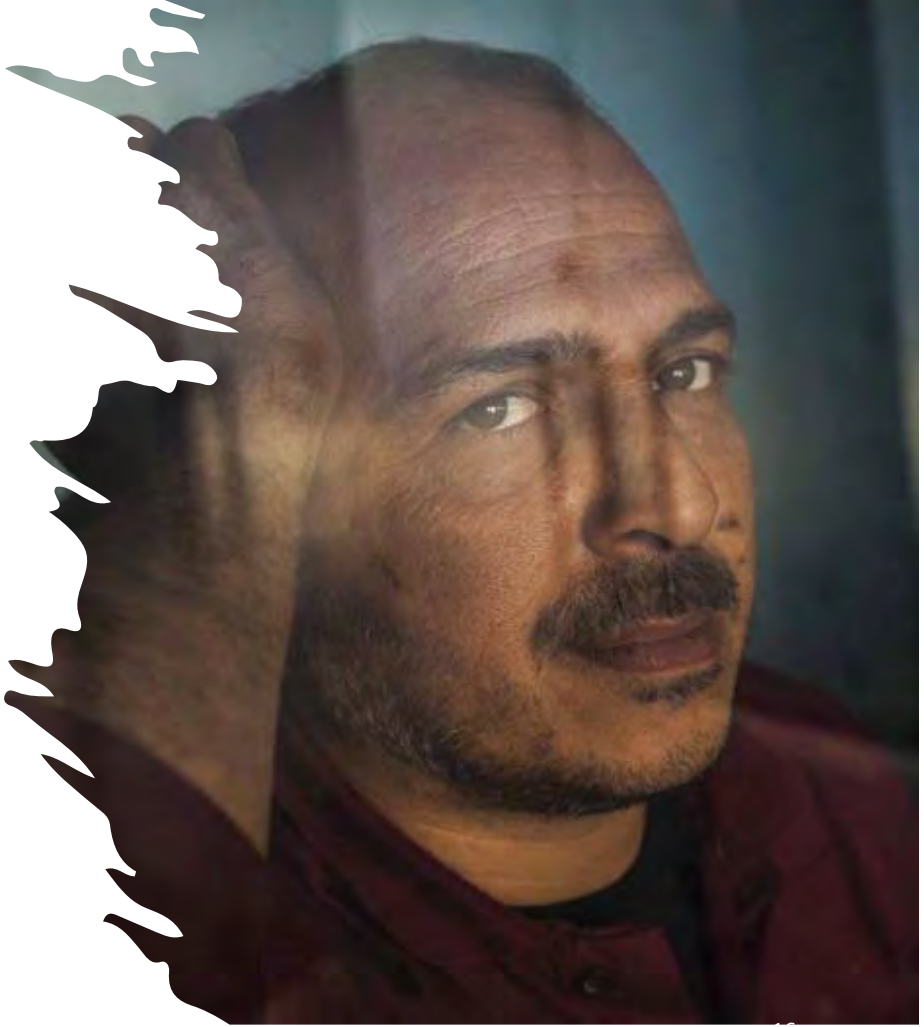
Trauma

- The trauma stories we hear are cover stories–trauma is so bad, can’t fully describe it
- No words for the experience, but the emotions are there
- Desertion and betrayal are a big part of trauma
- You question your place in the world (Trauma worldview)

Types of trauma

- Acute
- Complex
- Historical
- Sanctuary
- Vicarious
- Collective

Going through trauma is not rare. About 7 out of every 10 adults (or 70%) will experience at least one traumatic event in their lives.



National Center for PTSD, 2020

16

91 percent of behavioral health consumers have been exposed to a traumatic event; 69 percent have experienced multiple exposures for longer periods of time.

(Silie K. Floen Ask Elkit, 2007)

17

Emotional and cognitive reactions to trauma

- Foreshortened future – Trauma affects one's beliefs about the future via loss of hope, limited expectations about life
  - Goal setting for people living with trauma can be very difficult to do
- Emotional dysregulation – Difficulty regulating emotions
  - Anger
  - Sadness
  - Shame
  - Panic

Emotional and cognitive reactions to trauma

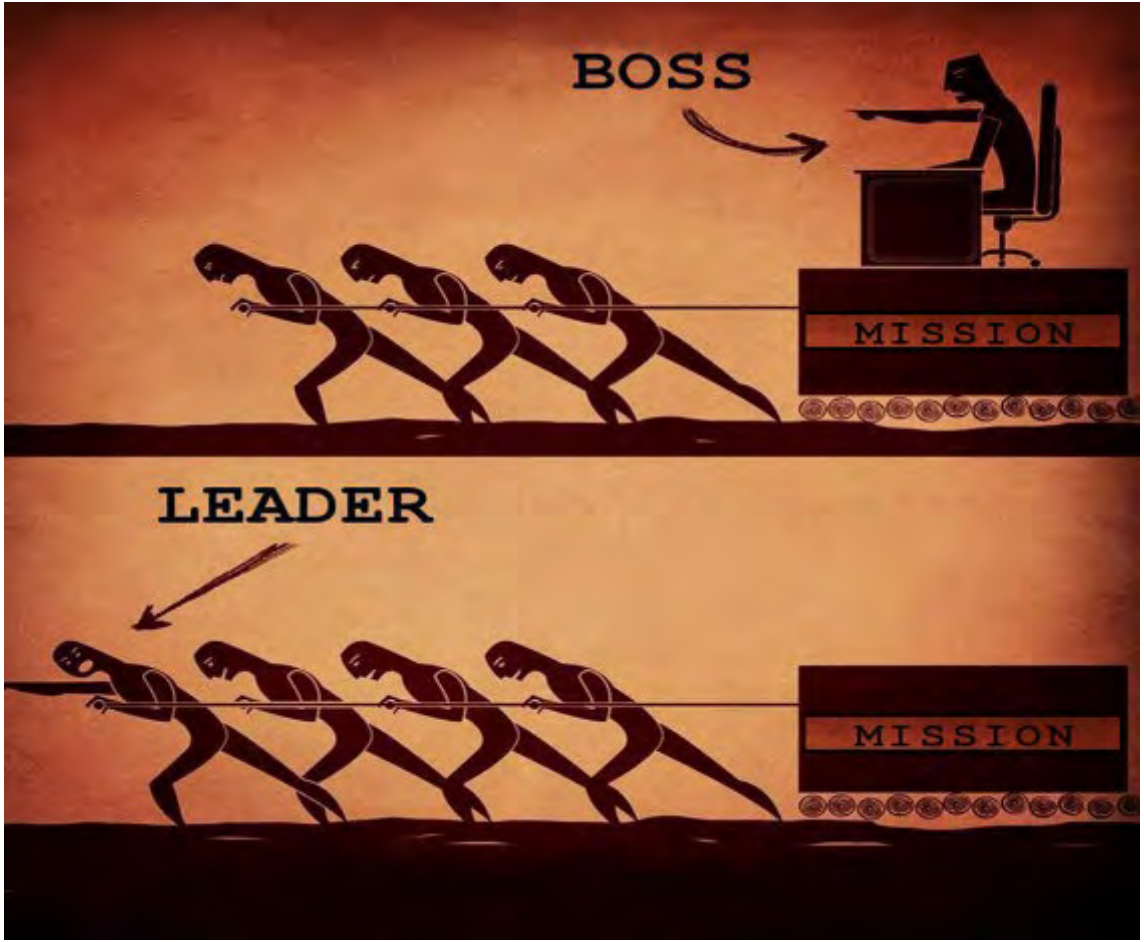
- Numbing – Emotions become detached from thoughts, behaviors, and memories
    - Dissociation: Cutting yourself off from the pain
- Hard for traumatized people to filter out what is irrelevant
- Triggers (activating experiences) and flashbacks – External stimulus that is a reminder to a trauma survivor of a specific traumatic experience
    - An activating experience can be a person (or approach), place, date, smell, sight, texture, etc.

Source: Galinda, N., and Lewis-Stoner, M., 2020

Reminders or activating experiences

- Lack of control
- Threats or feeling threatened
- Witnessing assaults
- Isolation
- Being told what to do (directive approach)
- Lack of privacy
- Removal of clothing (medical exams)
- Feeling vulnerable or rejected
- Being touched or watched
- Loud noises
- Darkness
- Intrusiveness
- Being locked in a room
- Condescending looks
- Separation or loss
- Transitions or disruptions in routine

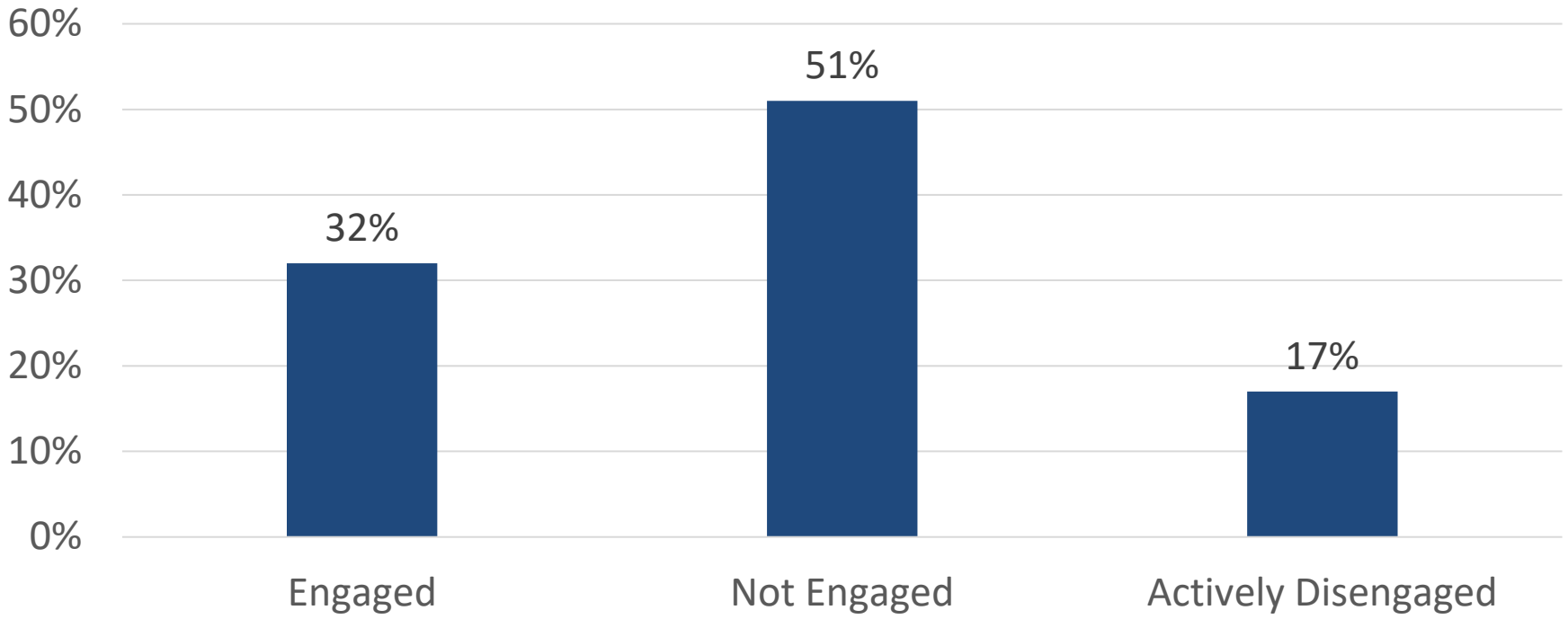
The Traumatized Workplace



"Bosses have the title, but leaders have the people."

-Simon Sinek

Employee engagement



Gallup's 2022 State of the American Workforce Report

Quiet quitting

- Refers to employees who put in no more effort into their jobs than necessary
- According to a 2022 Gallup survey, at least half of the U.S. workforce consists of quiet quitters

Gallup. Is Quiet Quitting real? https://www.gallup.com/workplace/398306/quiet-quitting-real.aspx

Quiet quitting

Questions to consider:

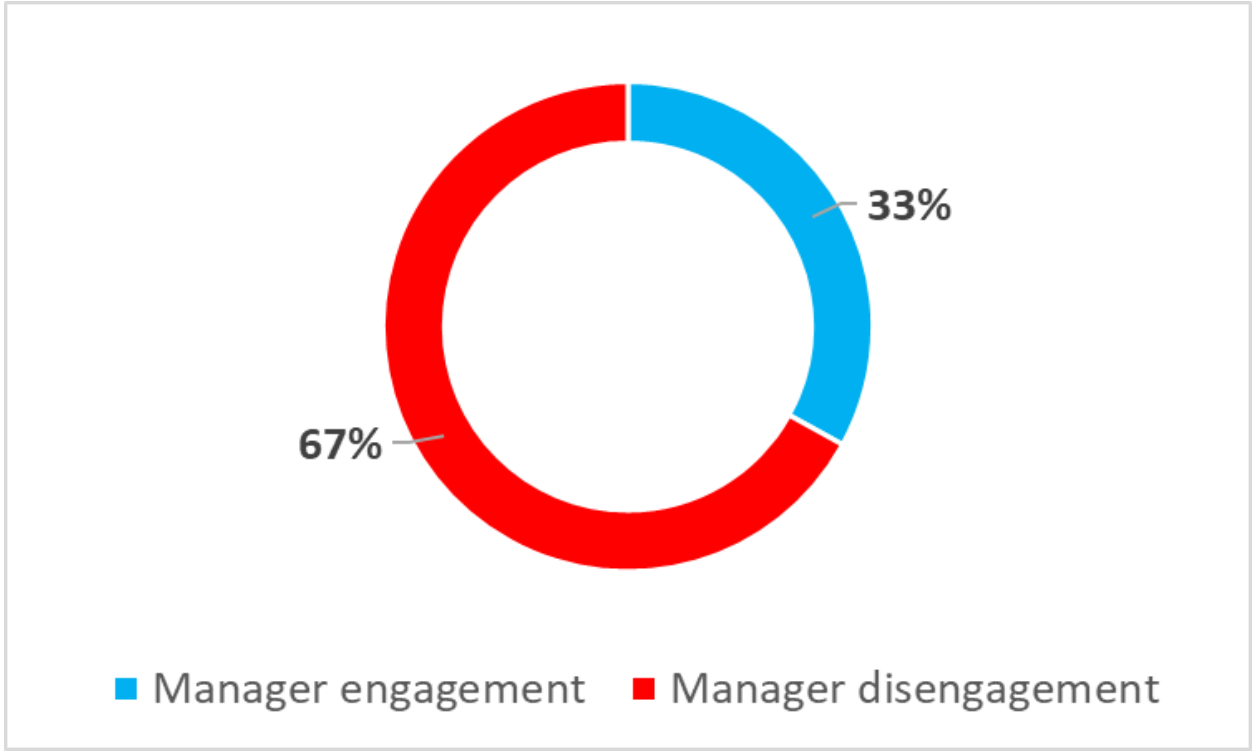
- Is quiet quitting a new trend, or simply a trendy new name for worker dissatisfaction?
- Could quiet quitting be considered a form of self-care that arose during the pandemic?

Engagement

73 percent of employees are considering leaving their jobs

Source: Joblist third quarter survey report, 2021

Manager engagement



Source: Gallup's 2020 State of the American Workforce Report

Engagement

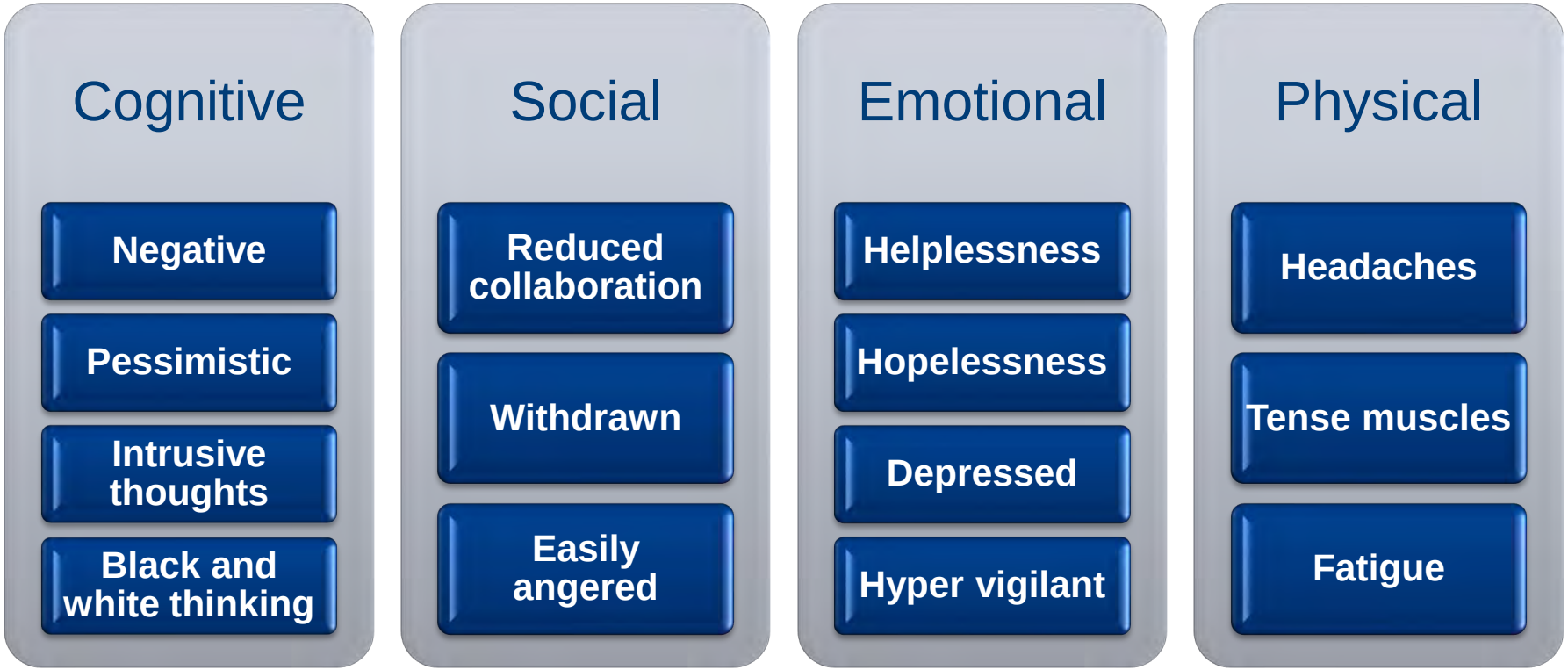
Employees who are supervised by highly engaged managers are **59%** more likely to be engaged than those supervised by actively disengaged managers.

Trauma in organizations

- Resistant
  - To change
  - To new leadership and their vision
- Become trauma-organized
  - Reactivity replaces strategy
  - Us versus them mentality
  - Loss of healthy communication (gossip fills the void)

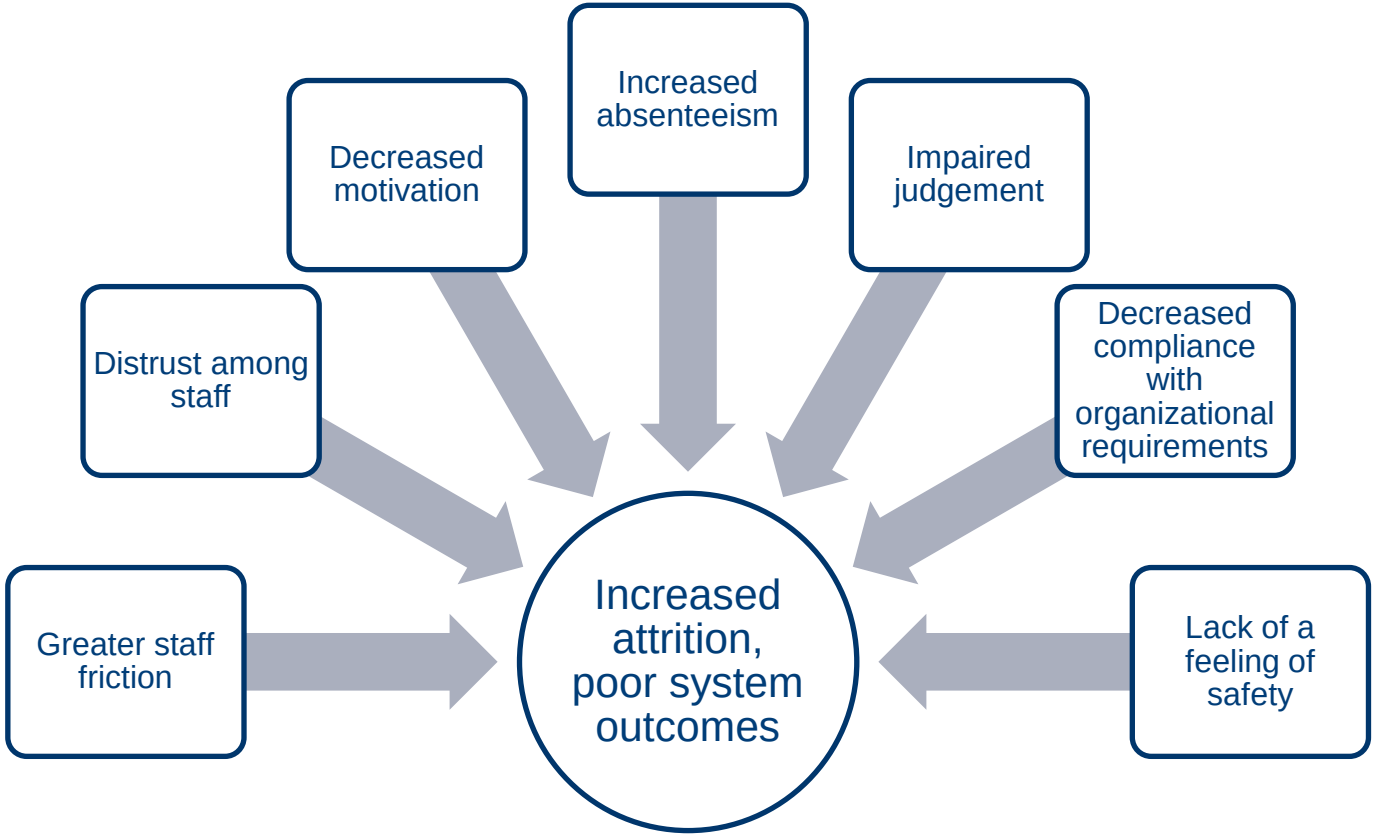
    Gossip is when you hear something you like about someone you don't
  - Interpersonal conflicts erupt and aren't dealt with and left to fester

Impact on staff



Adopted from: Administration for Children's Services, New York University Children's Trauma Institute

Impact on system



Embracing a Trauma-Informed Approach

For ourselves, for our clients

Why trauma-informed care (TIC)?

"We are a traumatized field working with traumatized clients, sending them to a traumatized recovery community."

- Dan Griffin

Do no harm

“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 trauma-informed.”

- Gordon R. Hodas, M.D.

Putting on trauma-informed lenses

Looking at you and the work you do in an entirely different way

Trauma-informed care

It’s not a thing you do, it’s how you do your thing!

Key considerations for addressing trauma

- Relationship building (Creating safety, establishing rapport)
- Forming connections
- Self-care (Knowing how and when to self-regulate)
- Peer-to-peer interaction
- Teaching coping and emotional self-regulation
- Teach link between trauma and mental health and substance use disorders
- Motivational interviewing

Trauma-informed care

- Is not an intervention to address posttraumatic stress
- Is not a “flavor of the day” approach

  If treating people with care, empathy, and compassion are “flavor of the day”, what does that say about the state of our profession?
- Is not age limited

Paradigm shift

Traditional

- People are bad
- People need to be punished
- People just don't care
- We need to stop making excuses for people's bad behavior and choices

What is wrong with you?

Trauma-Informed

- People are suffering
- People need an effective intervention
- Many people care but lack understanding and skills
- We need to learn how trauma impacts a child's and adult's development

What happened to you?

Resiliency-Informed

- People are resilient
- People need our compassion as they learn new skills
- Any person can learn self-regulation skills based on science
- We need to learn how skills of well-being can reduce suffering

What is right with you? What are your strengths?

Source: (Trauma Resource Institute, American Psychiatric Nurses Association, 2020)

Six key trauma-informed principles

Safety

Trustworthiness and transparency

Peer support

Collaboration and mutuality

Empowerment, voice, and choice

Cultural, historical, and gender issues

Safety

- Safety means awareness of physical, emotional, and interpersonal safety.
- We consider all ages, cultures, races, demographics of people served.
- We must consider the safety of staff, co-workers, and stakeholders
- Safety is the most important TIC principle to consider first

Sources: Fallot and Harris, 2002

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14 4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Safety

Best practices:

- Avoid re-traumatization
- Consider the role of shame in mental health issues, substance use disorders and co-occurring and how it connects to trauma
- Avoid judgments
- Be genuine as you build rapport
- Ask open-ended questions (OARS)
- Convey experience, strength and hope
- Have closure strategies ready

Safety

Questions to consider:

- How am I role modelling and labeling safe behaviors?
- Physical safety: Where can I add visual cues of physical safety into facilities?
- Emotional safety: What am I doing that demonstrates to others that I am prioritizing relationships and supporting healthy emotion regulation?
- How does the tone and volume of my voice and body language convey that I am safe?
- How do boundaries fit in with creating safety?

Trustworthiness and transparency

- The goal must be to build and maintain trust with service recipients, staff, and stakeholders.
- Trustworthiness and transparency in an organization starts with a culture of connection in relationships.
- Involves meaningful sharing of power and decision-making. There is transparency in operations and decision-making that maintain trust. There is clarity and consistency.

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

https://opentextbc.ca/peersupport/chapter/samhsas-six-principles-of-trauma-informed-care/#:~:text=Safety

Trustworthiness and transparency

Questions to consider:

- How frequently am I communicating with others?
- How consistent am I in my communication?
- What do my nonverbal behaviors and choice of language broadcast to others about my trustworthiness?
- What am I doing to help others know what to expect, and WHY and HOW decisions are being made?

Collaboration and mutuality

- In a trauma-informed organization there is an intentional shoulder to shoulder approach and a focus on breaking down hierarchies.
- It's about partnership and leveling of power differences between all staff (clerical, housekeeping personnel, professional staff and administrators). Everyone has a role to play.

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Collaboration and mutuality

Questions to consider:

- Where am I inviting others to share their input?
- How am I fostering discipline and learning in others rather than providing discipline that punishes or shames?
- Is staff expertise acknowledged?
- Is consumer expertise acknowledged?

Peer support

This principle is about integrating the culture and values of peer support into the whole organization. It’s about creating opportunities for the mutuality of peer support to integrate into many aspects of the organization, including initiatives to support administration and staff.

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Peer support

Questions to consider:

- What options am I offering for others to build and nurture a shared sense of community & belongingness?
- How am I cultivating empowering and supportive relationships with staff?
- How can I create an environment of respect for co-workers and for those with lived experience?

Empowerment, voice, and choice

- Think of empowerment as coming from the person's own inner wisdom and strength, rather than power given to them from an outside "expert."
- Throughout the organization and among clients served, individual's strengths and experiences are recognized and built upon.

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Empowerment, voice, and choice

Questions to consider:

- How do we show recognition for good work?
- How do we include consumer voice in organizational operations?
- Am I allowing the consumer to have a say in their recovery?
- Am I allowing time and space for consumers to feel safe and to build rapport?

Cultural, historical, and gender issues

The organization actively moves past cultural stereotypes and biases (based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.)

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Cultural, historical, and gender issues

Questions to consider:

- Do we as staff model and support behaviors that move past cultural stereotypes and biases based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.
- Are we aware of our own implicit biases and privilege?
- Am I taking the time to learn about cultures different from my own?

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What does TIC look like?

- Avoid forcing eye contact
- Be aware of your physical proximity
- Try not to ask too many questions (conversation vs. an interrogation)
- Pace client meetings by offering breaks
- Draw upon past success
- Ask permission before touching or hugging
- Provide choice when possible
- Ask about client's goals and priorities

What does TIC look like?

- During emotional times ask: “How can I support you right now?”
- When the trauma story overwhelms or leaves you speechless, be willing to sit in supportive silence
- Provide clear information about when, where, and by whom services will be provided
- Be prepared to repeat information many times; repetition is commonly needed when consumers are working with an overwhelmed nervous system

Trauma-sensitive communication

- Language matters
- Your words have tremendous power
- Use speech free from labels, jargon, and judgements

Moving from deficit-based language to strength-based language

- Manipulative
- Refused
- Lying
- Unmotivated
- Attention-seeking
- Noncompliant
- “Likes to play the victim”

Importance of communication

- No organization can transition to one that is trauma-informed, trauma-responsive until the organization's communication style moves from deficit-based language to one that is strength-based.
- Old communication patterns and habits need to be challenged.

Trauma-sensitive communication

Rosenberg's Compassionate Communication Model is trauma-sensitive empathic listening and communication model consisting of four steps:

- Making observations without judging
- Identify feelings (comes from the need)
- Identify needs (around the situation)
- Make a request (without demands) to get needs met

(Marshall Rosenberg, cnvc.org)

Trauma-sensitive communication

- Empathy equals the ability to connect feelings and needs
- Congruency between verbal and non-verbal communication is vital
- Ask yourself: “Do I want to enter a boxing ring or a dance floor?”

(Based on Marshall Rosenberg, cnvc.org)

Trauma-informed care

Six TIC principles

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Peer support
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Ten implementation domains

- Governance and leadership
- Policy
- Physical environment
- Engagement and involvement
- Cross sector collaboration
- Screening, assessment, treatment services
- Training and workforce development
- Progress monitoring and quality assurance
- Financing
- Evaluation

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Governance and leadership

- Leadership is all in – support and investment
- Identified person of responsibility to lead TIC effort
- Inclusion of peer voice
- You need a TIC champion!

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Policy

- Written policies and protocols establishing a TIC approach
- Essential part of organization's mission
- Must be "hard wired" into practices and procedures-not just relying on training workshops

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Physical environment of organization

- Physical environment promotes a sense of safety and collaboration.
- Collaborative approach embraces openness, transparency, and shared spaces

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Engagement and involvement

- Involves people in recovery, trauma survivors, people receiving services, and family members receiving services
- These groups have significant involvement, voice, and meaningful choice at all levels

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Cross sector collaboration

- Built on shared understanding of trauma and a TIC approach
- That shared understanding how awareness of trauma can help or hinder achievement of an organization's mission is a critical piece of building collaborations

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Screening, assessment, treatment services

- Practitioners are trained in and use culturally appropriate interventions based on the best evidence and science that reflect TIC principles.
- Trauma screening and assessment are essential parts of the work.
- If trauma-sensitive services are not available within the organization, an effective referral system is in place.

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Training and workforce development

- Ongoing training on trauma and peer support are essential
- Human resource staff incorporate TIC principles in hiring, supervision, and staff evaluation

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Progress monitoring and quality assurance

- Ongoing assessment, tracking, and monitoring of TIC principles
- Ensuring effective use of evidence-based trauma-specific screening, assessments, and treatment

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Financing

Financing structures are designed to support a TIC approach including resources for:

- Staff training on trauma
- Key TIC principles
- Development of safe facilities
- Establishment of peer support
- Trauma screening, assessment
- Treatment
- Recovery supports

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Evaluation

- Evaluation tools and designs reflect an understanding of trauma

- List of all trauma-PTSD screening and assessment tools: https://www.ptsd.va.gov/professional/assessment/list_measures.asp

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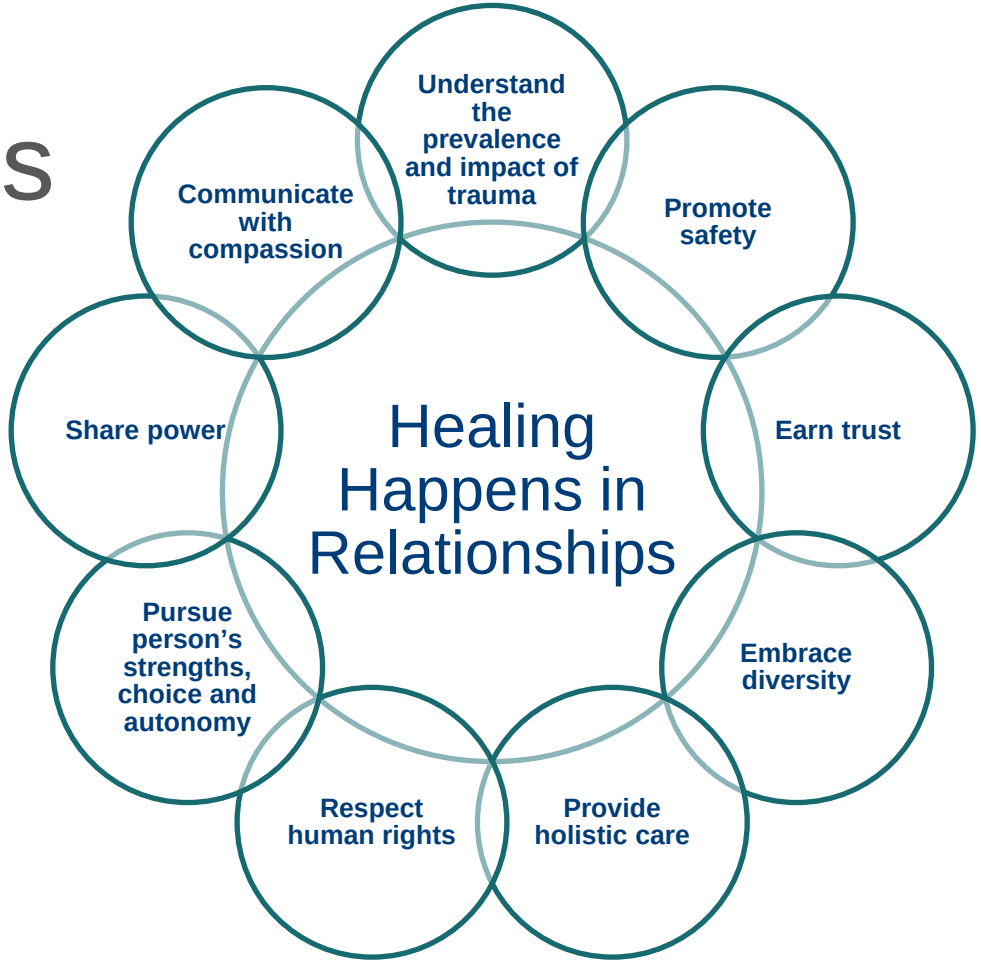
Wisconsin's TIC guiding principles

"The oldest medicine in the world is love and compassion."

VADM Vivek Murthy, M.D.
United States Surgeon General



Final thought…


Questions?

Thank you!

Scott Webb, MSE
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Connected. Stronger. Thriving.

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