Whole Person Care: The Essential Role of Community Health Workers & Peers

February 13, 2020

Breakout Session: Organizational Practices to Advance Trauma-Informed Care

Katy Davis, PhD, Director of Trauma-Informed Care, Women's HIV Program, UCSF

Advancing Trauma-Informed Care: Supporting Staff with Lived Experience

Whole Person Care: The Essential Role of Community Health Workers and Peers Breakout Session

Thursday, February 13, 2020

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A little about me and why I am leading this workshop…

- Current Director of Trauma-Informed Care at the Women's HIV Program at UCSF

- Former Director of Workforce Education and Training for San Mateo County Behavioral Health and Recovery Services

- Current and former trauma therapist and clinical supervisor

Plan for Today's Workshop

- Context of Trauma and Trauma-Informed Care
- What to do on a macro/organizational level
  - ➢ Small Group Exercise #1
- What to do on a micro/individual level to support staff
  - ➢ Small Group Exercise #2
- Questions/Comments
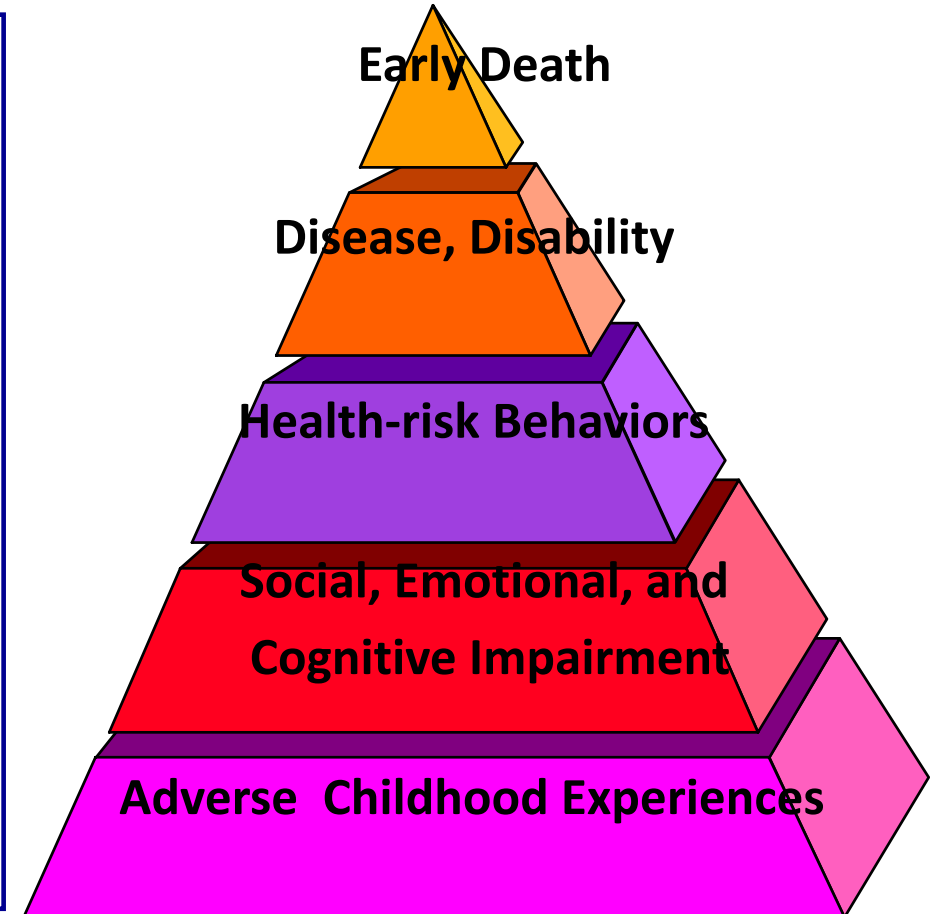
TRAUMA = EVENT, EXPERIENCE, & EFFECT

An **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

SAMHSA

The individual's ability to integrate her/his emotional experience is **overwhelmed**—ability to stay present, understand what is happening, integrate the feelings, make sense of the experience.

Sensorimotor Psychotherapy Institute

Movement Toward Trauma-Informed Care:
The ACE Study

- 17,000 patients completed surveys about 10 categories of childhood abuse, neglect and family dysfunction

- Compared answers to an array of current health behaviors and conditions

- Conclusion: ACEs are common and are strong predictors of later health risks and disease

Early Death

Disease, Disability

Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Adverse Childhood Experiences

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine. 1998 May;14(4):245-58.

Center for Disease Control and Prevention. Injury Center. Violence Prevention. The Adverse Childhood Experiences Study. https://www.cdc.gov/violenceprevention/acestudy/index.html. Accessed October 4, 2018
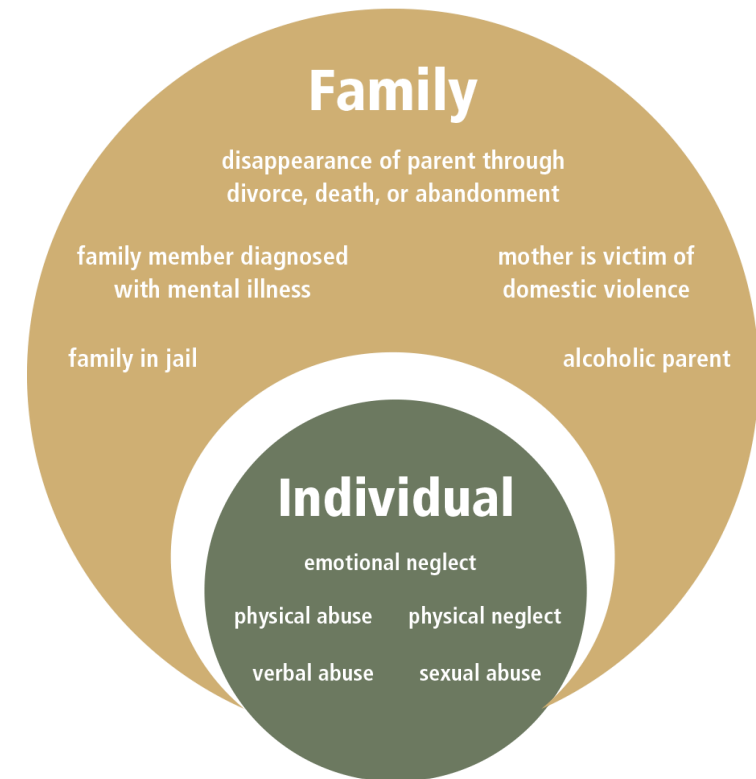
The ACE Study: Key Findings

- 64% reported at least one ACE category

- 12.5% (one in six) reported four or more

- 25% of women and 16% of men reported having experienced childhood sexual abuse

Individuals who reported <u>four</u> or more ACE categories had:

- 1.6x the rate of obesity

- Almost 2x the rate of heart and liver disease

- 2x the rate of COPD and stroke

- **>2x rate of smoking**

- **>3x the rate of depression**

- 6x the rate of attempting suicide

- 7x times the rate of alcoholism

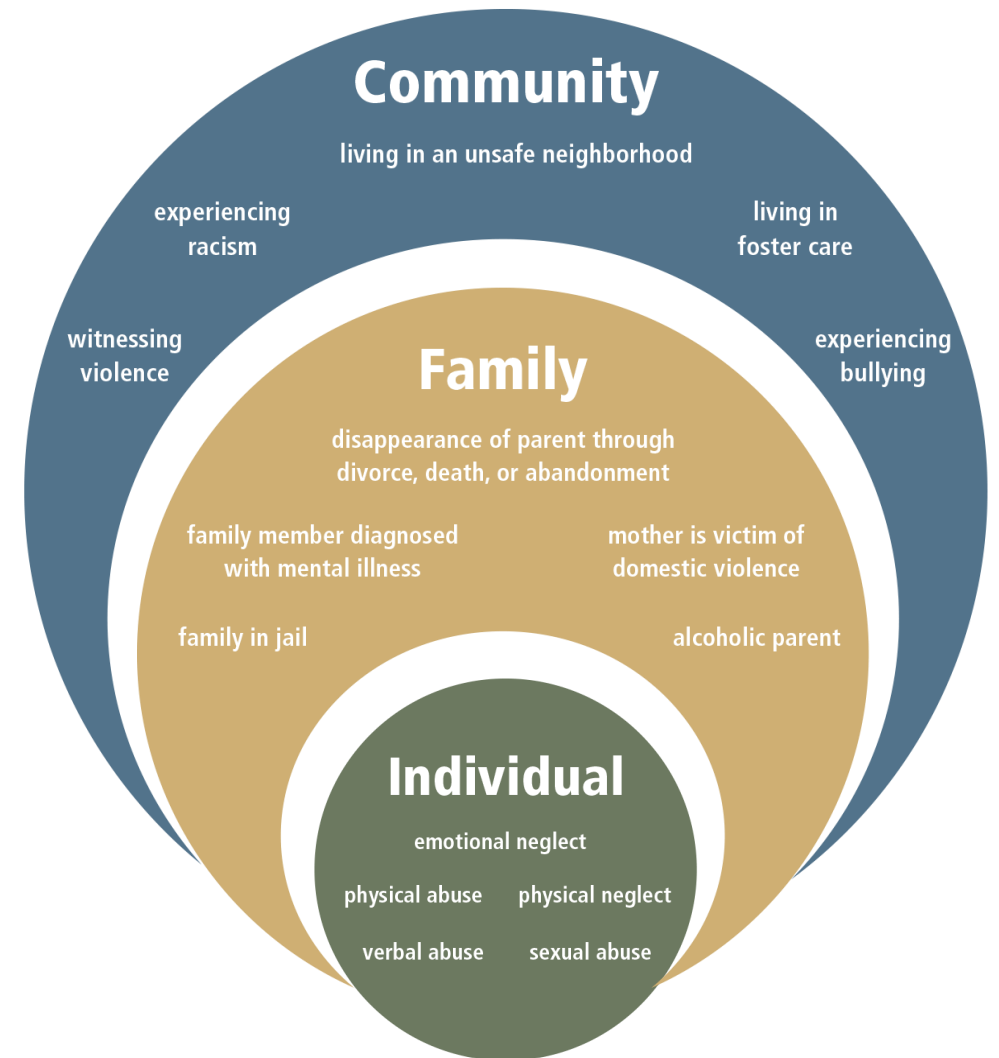- 10 times the rate of intravenous drug use

ACE Study

Family

disappearance of parent through divorce, death, or abandonment

family member diagnosed with mental illness

mother is victim of domestic violence

family in jail

alcoholic parent

Individual

emotional neglect

physical abuse

physical neglect

verbal abuse

sexual abuse

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine. 1998 May;14(4):245-58.

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The Urban ACE Study

Community
- living in an unsafe neighborhood
- experiencing racism
- living in foster care
- witnessing violence
- experiencing bullying

Family
- disappearance of parent through divorce, death, or abandonment
- family member diagnosed with mental illness
- mother is victim of domestic violence
- family in jail
- alcoholic parent

Individual
- emotional neglect
- physical abuse
- physical neglect
- verbal abuse
- sexual abuse

Wade, R., Cronholm, P. F., Fein, J. A., Forke, C. M., Davis, M. B., Harkins-Schwarz, M., . . . Bair-Merritt, M. H. (2016). Household and community-level Adverse Childhood Experiences and adult health outcomes in a diverse urban population. *Child Abuse & Neglect,52*, 135-145.

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., . . . Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. *American Journal of Preventive Medicine,49*(3), 354-361.
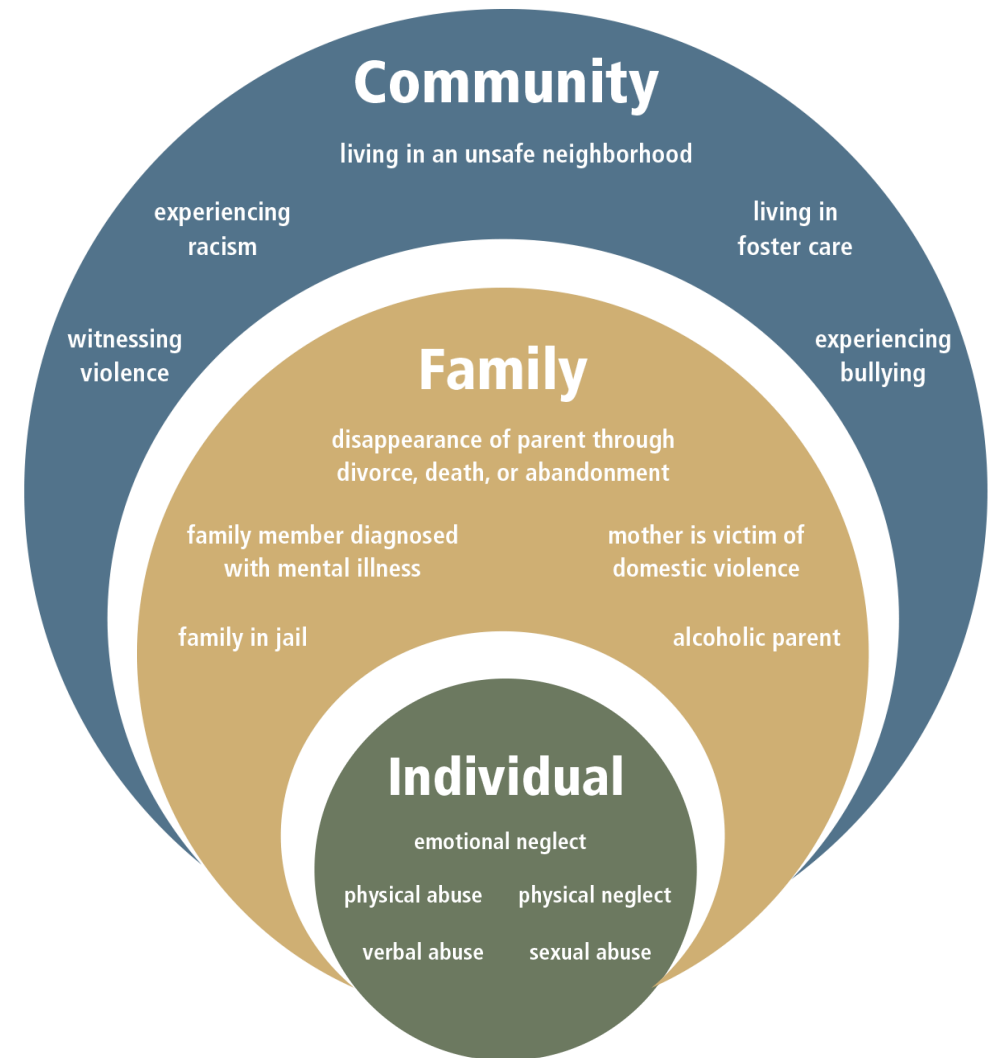
The Urban Ace Study

Individuals who reported ≧ 3 Adverse Community Environments had:

>2x rate of smoking

>2x rate of depression

>3x rate of substance abuse problems

4x rates of STDs

Wade, R., Cronholm, P. F., Fein, J. A., Forke, C. M., Davis, M. B., Harkins-Schwarz, M., . . . Bair-Merritt, M. H. (2016). Household and community-level Adverse Childhood Experiences and adult health outcomes in a diverse urban population. *Child Abuse & Neglect,52*, 135-145.

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Supporting Staff on a Macro/Organizational Level
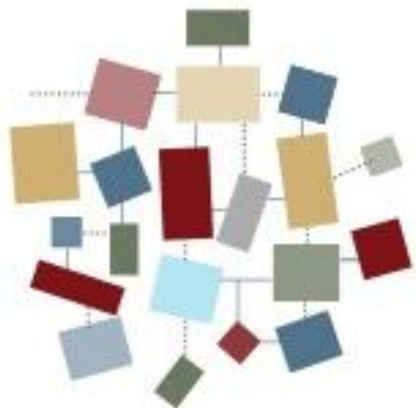
Trauma Affected

Organizations impacted by stress, operating in silos, avoidant of issues and isolated in their practices or service delivery. These organizations can be trauma inducing.

- Reactive
- Reliving/retelling
- Avoiding/numbing
- Fragmented
- Authoritarian leadership

Trauma Informed

These are organizations that develop a shared understanding and language to define, normalize, and address the impact of trauma on clients and workforce.

- Understanding of trauma and healing
- Shared language
- Trauma-informed skills to use with patients and each other

Trauma Responsive

Organizations where policies, procedures, services and treatment all include an understanding of and response to trauma.

- Reflective
- Collaborative
- Growth- and prevention-oriented
- Trauma-specific therapies
- Relational leadership

Trauma Inducing   **TO**   **Trauma Reducing**

UCSF Women's HIV Program

Patients

- 96% with childhood, lifetime, and/or recent trauma
- Adverse Childhood Experiences (10 items)
  - Mean 4.2, 58% had 4+ ACES
  - Mean 6.6 experiences of trauma on Trauma History Screen

Staff and Providers

- 96% have experienced trauma in their lifetime
  - Mean 3 ACES
  - Mean score of 4.4 on Trauma History Screen

Trauma-informed Health Care

ENVIRONMENT | Calm, safe, and empowering for patients, staff, and providers

INQUIRY
Screen for immediate safety (e.g., IPV). For past trauma: assume a history of trauma; screen for the impacts of past trauma; use open ended questions; and/or use a structured tool

EDUCATION
Describe the connection between trauma and health and opportunities for healing to all patients

Our Clinic

RESPONSE
Express empathy; refer to trauma-informed onsite or community services that promote safety, connection, and healing

FOUNDATION
Trauma-informed values; clinic champion(s); interdisciplinary team-based care; community partnerships; buy-in from organizational leadership; and training, supervision, and support for staff and providers

Machtinger, E.L., Davis, K.B., Kimberg, L.S., Khanna, N., Cuca, Y.P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. Women's Health Issues, 29(2), 97-101.

Implementing TIHC

1) Establishing **Trauma-Informed Culture**

- Foundation
- Environment

2) Establishing **Trauma-Informed Patient Care**

- Education
- Inquiry
- Response

Culture—Foundation

- **Trauma-Informed Values (SAMHSA)**

- **Buy-in From Leadership**

- **Clinic Champion(s)**

- **Interdisciplinary Team-Based Care**

- **Community Partnerships**
- **Training, supervision, and support for staff and providers**

SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach. 2014
http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf.

Culture—Foundation (cont.)

- **Trauma-Informed Values (SAMHSA)**

  - *Safety*
  - *Trustworthiness and Transparency*
  - *Peer Support*
  - *Collaboration and Mutuality instead of Hierarchy*
  - *Empowerment, Voice, and Choice*
  - *Cultural, Historical, and Gender Understanding—Cultural Humility*
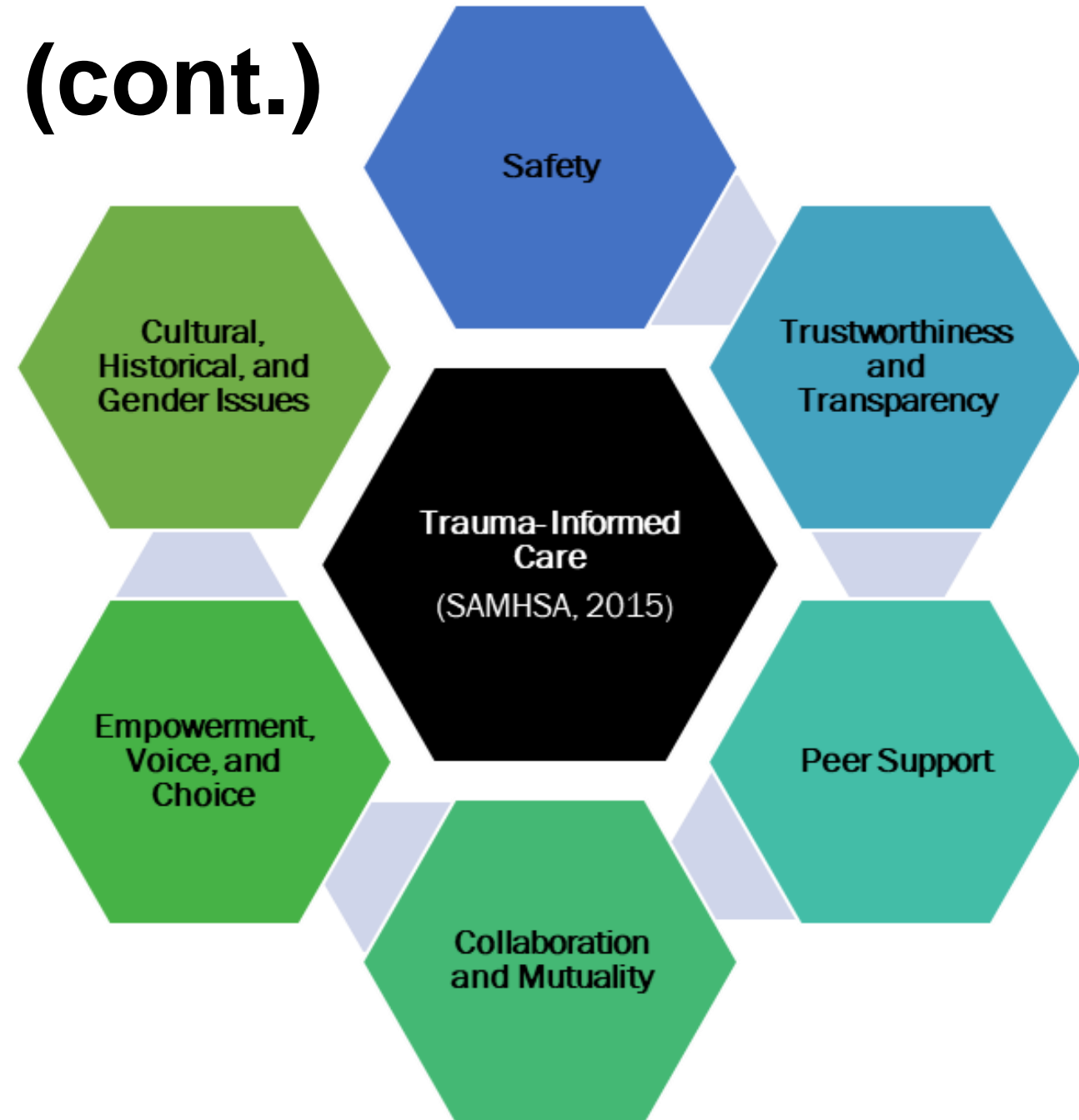
Culture—Foundation (cont.)

- **Training and support for staff**
  - ➢ Trainings
  - ➢ Collaborative Meetings
    - o Pre-clinic interdisciplinary meetings
    - o Specialty area meetings
    - o Stakeholder meeting
  - ➢ Improving hiring practices
    - o Valuing lived experience
  - ➢ Developing and promoting internal staff

Culture—Environment

- **Physical and psychological safety for <u>patients</u> and <u>staff</u>**

➢ Calming physical environment

➢ Warm, empathic, respectful communication among staff and patients

Small Group Exercise #1

Considering the organizational culture components of the TIHC model (Foundation and Environment):

1) What are some trauma-informed practices that your agency/organization is already doing?

2) What are some trauma-informed practices that your agency/organization could use to improve your organization's culture and support for staff?

3) What is a practical next step your agency/organization can take toward trauma-informed care?

Supporting Staff on a Micro/Individual Level

Key Concepts for Working with Trauma

- Traumatic Reenactments
- Vicarious traumatization
- Compassion Fatigue (Secondary Traumatic Stress)
- Burnout

Traumatic Reenactment

"term used to describe the behavioral enactment and automatic repetition of past trauma…People find themselves in situations that recapitulate earlier trauma and lack any awareness of how it happened much less how to prevent it from happening the next time."

Sandra Bloom (2010)

Reenactment: Trauma Triad/Drama Triangle

Persecutor — Rescuer

Victim

Karpman. S. (2014). A Game Free Life. USA: Drama Triangle Publications.

Key Concepts Continued

- **Vicarious Traumatization**
  - ➢Changes in inner experience, disruption in relationships and identity
- **Compassion Fatigue (Secondary Traumatic Stress)**
  - ➢PTSD symptoms plus exhaustion/depletion
- **Burnout**
  - ➢Workplace structural strains, tedium related to inadequate support not specific to trauma

Trauma-Informed Supervision is:

- **Relational**
  - ➢ Mutuality, shared power, and the co-construction of knowledge
- **Reflective**
  - ➢Reflection on reactions/reenactments
- **Consistent**
  - ➢Prioritized/Scheduled

Trauma-Informed Supervision (Cont.)

- Acknowledges and addresses intersectionality, power, and privilege.

- Identifies and understands vicarious trauma, secondary traumatic stress/compassion fatigue, burnout.

Small Group Exercise #2: Staff Vignette

Read vignette and discuss:

1) What do you imagine might be going on in this situation in terms of trauma reenactment, vicarious trauma, compassion fatigue, etc?

2) What are some ways that regular trauma-informed supervision could support Maria with this patient?

3) What are some self-care resources that may be beneficial to connect Maria with?

Thank you!

Questions/ Comments:

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