



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Adopting a Trauma-Informed
Approach: MAI–CoC
Communities of Practice (CoP)**

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**Slides for today's webinar are
available on the CIHS website at:**

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>

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How to ask a question during the webinar

Please type your questions into the Question box and we will address them at the end of the presentation.

Type questions or comments at any time during the webinar.



This webinar is being recorded.



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Learning Objectives

At the end of this MAI-CoC CoP, participants will have:

- Learned about the impact and prevalence of trauma and correlation with HIV/AIDS
- Become familiar with trauma-informed care (TIC) principles and practices in health settings
- Completed a TIC organizational self-assessment
- Identified one domain/goal
- Developed a plan/steps to achieve this goal
- Identified tools and resources needed to achieve goal

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TIC Domains

1. **Screening and Assessment** – routine screening and assessment of trauma, including CSA and current stressors or trauma (IPV)
2. **Consumer Voice, Choice and Collaboration** – engagement in meaningful roles; emphasis on empowerment, trust, strengths, knowledge about connection between trauma and health, MH, SU, social problems
3. **Workforce Development** – training and education of all staff and new hires on connection between trauma/CSA and HIV and how to provide TIC; emphasis on hiring peers; staff self care and **Evidence Based Practices** - screening and assessment leads to client involvement in TX planning and connection to trauma-specific services

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TIC Domains

- 4) **Safe and Secure Environment** – insuring that physical, social and emotional environment is safe, comfortable, respectful and welcoming by all
- 5) **Data Collection** – tracking rates/types of trauma, adherence with treatment/referrals/specialty appointments, health outcomes, satisfaction with care and progress toward TIC

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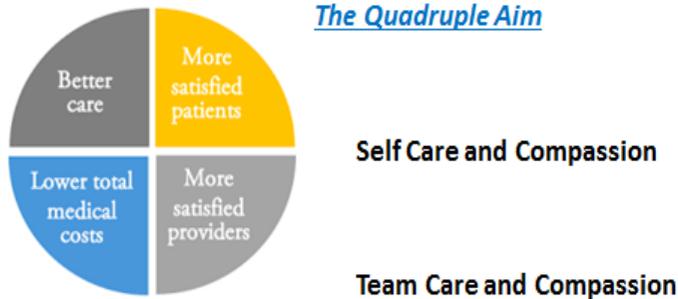
A Trauma-Informed Educated Workforce

- Requires leadership support and direction
- Includes 'everyone' in the organization
- Improves staff competencies
- Reduces staff stress
- Increases staff retention / reduces costs
- Improves patient health outcomes
- *Creates safety and respect for all*

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Using Trauma Informed Care to Create Caring and Compassionate Teams

The Quadruple Aim



Self Care and Compassion

Team Care and Compassion

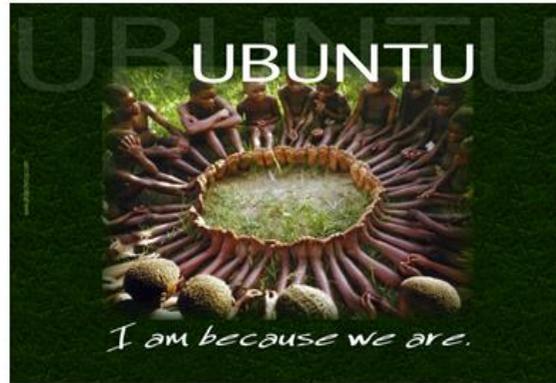
From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

[Thomas Bodenheimer, MD](#) & [Christine Sinsky, MD](#)

The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim.

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Healing occurs in relationships and within the context of community
 &
 Phenomena occurs in relationships and within the context of community



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TEAM CARE AND COMPASSION REQUIRES SELF CARE AND COMPASSION

[SAFETY, TRUST, TRANSPARENCY, COLLABORATION, CHOICE]

- REDEFINING ROLES OF LEADERSHIP AND SUPERVISION
 - ANTI OPPRESSIVE
 - ANTI RACIST
 - ANTI TRAUMATIC
 - NON HOSTILE
- CULTURALLY & GENDER REFLECTIVE
 - LEADERSHIP
 - BOARD
 - STAFF
- EXIT SURVEYS
- 360 EVALUATIONS
- CONTINUOUS QUALITY IMPROVEMENT
- ON-GOING FEEDBACK
- RESTORATIVE PRACTICES (COMPASSIONATE ACCOUNTABILITY)

PROGRAMS, POLICIES AND
 PRACTICES ARE GOING TO
 REFLECT THE VALUES OF
 THOSE THAT DESIGN THEM

THE PRIMARY OBJECTIVE OF
 THE ORGANIZATION, TEAM
 OR PRACTICE IS
 SUSTAINABILITY

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HOW DO WE CREATE:
RESTORATIVE, REJUVINATING & HEALING
ZONES AROUND THIS CHALLENGING WORK?

- Engaging
- Inclusive
- Supportive
- Participatory Decision Making
- Group Think
- Solution focused
- Entrepreneurial

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Cultural Shifts

- Restructuring How We Meet & Communicate
 - Value based Hiring versus credential based
 - Value based evaluations versus skill based
 - How are you living our espoused values daily with team members and consumers?
 - How are you living our values of self care and compassion? (We no longer reward Martyrs)
- Culture of:
 - Appreciation
 - Learning & Reflection
 - Collaboration
 - Transparency
 - Circles versus Triangles
 - Healthy Communication
 - Value
 - Big Time for Big Topics

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New Ways of Being & Existing at Work

TRADITIONAL MODEL

1. PROFESSIONAL
2. STERILE
3. NEUTRAL
4. HELPING
5. CEREBRAL
6. LINEAR
7. INDIVIDUALISTIC
8. DIAGNOSIS DICTATES THE TREATMENT
9. DEFICIT BASED
10. DICHOTOMOUS
11. RETRIBUTIVE
12. PUNITIVE

STARTING @ HOME MODEL

1. RELATIONAL
2. CARING
3. ENGAGED
4. HEALING
5. INTUITIVE
6. COMMUNAL
7. CIRCULAR
8. INDIVIDUAL & COMMUNITY VOICES DICTATE THE TREATMENT
9. STRENGTH BASED
10. DUALITY
11. RESTORATIVE
12. NO EJECT NO REJECT POLICY

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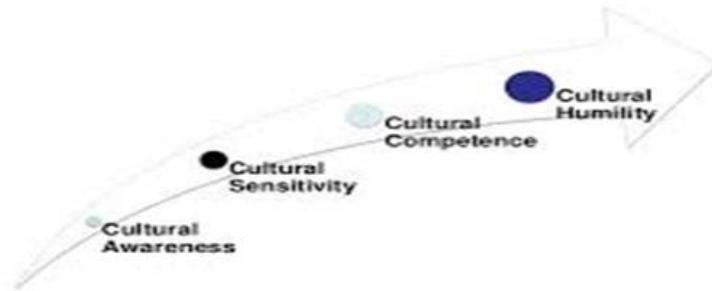
What is Cultural Humility?

- Client Focused
 - Redefines "Expert"
- Value added & Strengths Based
 - Addresses one's view of one's place in the world
 - Challenges Paternalistic and Eurocentric worldview
 - Requires providers to step outside of the cultural framework they are accustomed to and take advantage of the opportunity to learn from those they are serving
 - Removes Label Defects, Deficits & Disabilities & Begins to look at the system and structural issues
- Commitment to Life Long Learning
 - "I don't know is half the way of life"
- Inquisitive
- Active listening
- Addresses Power imbalances (Power with versus Power over)

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It's a journey not a destination

The Cultural Competence Journey



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What are Basic 3 tools we can begin practicing today to Care for the Caregivers?

- “If the only tool you have in the toolbox is a Hammer everything begins to look like a nail”

-Abraham Maslow

Back to Basics

1. Clear Purpose (our “Why”)
 - Mission
2. Clear Organizational Charts
 - Who do I report to?
3. Clear Expectations
 - Stable Standards of Excellence and Goals



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Tools for the toolbox

- Relationship Centered Care in conjunction with Patient Centered Care
- Trauma Informed Care
 - ACE completed anonymously with Staff
 - Universal Precautions
 - Peer Support
 - Mentoring
 - Assessment
 - Physical Structure
 - Policies & Procedures
 - Human Resources



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Questions?

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Resources



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For More Information & Resources

MAI-CoC Community of Practice Listserv

trauma_informed_approach_mai_coc@nationalcouncilcommunities.org

Trauma Resources:

<http://www.integration.samhsa.gov/clinical-practice/trauma>



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Thank you for joining us today

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.



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