Trauma Informed Care in Practice

PRESENTED BY:

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What is Trauma?

- A serious **physical injury** or threat/shock to the body.
- An **emotional injury** or shock.
- An **event or situation** that causes great distress and disruption.
- An individual’s ability to integrate their emotional experience is **overwhelmed**.
- Leaving one feeling **powerless, out of control, disconnected**.
What does being Trauma Informed mean?

- Asking “What happened to you?” vs. “What’s wrong with you?”

- It means understanding the behavioral responses to trauma so that you can act with more empathy, respond appropriately to your patient, and be a better provider/advocate.

- Avoid re-traumatizing patients, co-workers, and yourself.

- It also means taking care of yourself and those you supervise.
Trauma Informed Care Implementation Team

- Staff from all departments (including non-direct staff: Devo, HR, etc)
- Meets monthly
- Examples of recent & ongoing projects:
  - Staff wide TIC 101 training (now a part of annual orientation)
  - Staff self care day (optional potluck in the park and/or day off)
  - Review of physical waiting space and signage
  - Brown bag lunches (topics: self care, de-escalation, trauma specific trainings, art of empathy and interviewing skills)
  - HotSpot exercises in department meetings
  - Incident de-briefing for staff
  - Supervision survey and toolkit
Trauma Informed Primary Care: Fostering Resilience and Recovery

- Three-year initiative, lead by National Council for Behavioral Health and funded by Kaiser Permanente
- Goal is to educate health care providers on the importance of trauma-informed approaches in the primary care setting
- Toolkit-style model for primary care providers and their behavioral health partners to effectively support patients impacted by trauma
- Seven primary care organizations are piloting the toolkit’s resources, tools, and processes
- The final toolkit will be released on public domain (completely free) in October 2019
## Hot Spot Exercise

Identifying potential activation and strategies to prevent or reduce retraumatization and racial inequity

<table>
<thead>
<tr>
<th>HotSpots for potential retraumatization or activation?</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 traumatizing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing my name yelled loudly across the waiting room</td>
<td>Need to call me back for services and it’s often loud in the waiting area</td>
<td>Safety- maybe my name has been yelled at me in aggression or violence in the past</td>
<td>Walk further into the waiting room so voice can be lower</td>
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<tr>
<td>Donation letters with urgent/last chance language</td>
<td>Grab attention, increase open rate</td>
<td>Combination- maybe I’ve had financial problems and rec’d urgent/threatening letters</td>
<td>Use clear language so I know this is a donation letter- not a bill or threat</td>
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<tr>
<td>Microaggressions when introducing staff of color (ex: “This is Joan, my (white) 3rd year medical student from GW” vs “This is Joan, my (POC) student”.</td>
<td>Implicit racial bias of staff</td>
<td>Power and Value</td>
<td>Educate staff on microaggressions and implicit bias and staff to make conscious effort to introduce other staff, students, visitors in same manner.</td>
</tr>
<tr>
<td>I can’t identify staff and their positions</td>
<td>Don’t want to look too “formal” and some staff just don’t like the “feel” of name tags</td>
<td>Power and safety- not knowing who I’m speaking with- or if that person should even be here talking with me</td>
<td>Staff could wear name tags with department and title</td>
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